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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

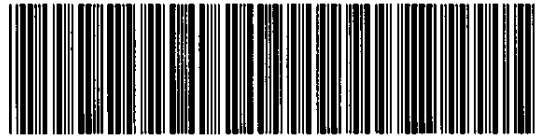
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TALLAHASSEE, FLORIDA

C. LEWIS

MAY 21 2009

EXAMINER

**SANDLER, TRAVIS & ROSENBERG, P.A.**

DONNA L. BADE\*  
ROBERT J. BECERRA  
PEGGY LOUIE CHAPLIN\*  
DAVID E. COHEN\*  
CHARLES L. CROWLEY\*  
LENNY FEIDMAN  
T. RANDOLPH FERGUSON\*  
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LEONARD L. ROSENBERG  
GILBERT LEE SANDLER  
ELISE A. SHIBLES\*  
KRISTEN S. SMITH\*  
DEBORAH B. STERN  
MARK TALLO\*  
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THOMAS V. VAKERICS\*  
KENNETH WOLF\*

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May 19, 2009

DONNA CHUNG  
NICOLE BIVENS COLLINSON  
MARK HANEY  
JO BRONSON HARRIS  
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SHAWN MCCAUSLAND  
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OF COUNSEL

SANDLER & TRAVIS  
TRADE ADVISORY SERVICES  
DETROIT • MEXICO CITY  
OTTAWA • SÃO PAULO  
CONSULTING SERVICES

RONALD W. GERDES (1947-2005)

VIA OVERNIGHT MAIL

\* NOT ADMITTED IN FLORIDA  
\* BOARD CERTIFIED INTERNATIONAL LAW

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32314

**RE: SENOB ADDICTION LLC FORMATION**

To Whom It May Concern:

Attached please find the documents required to form an Limited Liability Company for Senob Addiction, LLC. Also, enclosed, please find check number 2170 in the amount of the \$125.00 to cover the filing fee in association with the above referenced.

Please do not hesitate to call us with any questions or concerns that you may have.

Sincerely,  
**SANDLER, TRAVIS & ROSENBERG, P.A.**

By: 

Chastity Strange  
Executive Assistant to Lauren Perez

cc: client  
Lauren Perez

S:\MPAdmin\Laurie Bones\LLC Formation Cover for Senob Addiction 05-19-09.docx

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Senob Addiction**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Laurie Bones**

Name of Person

Firm/Company

**6015 NW 116 PL #474**

Address

**Miami, FL 33178**

City/State and Zip Code

**beezito82@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Laurie Bones**

Name of Person

at ( **786** )

**316-1624**  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Senob Addiction, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

6015 NW 116 PL Unit #474

Miami, FL 33178

#### Mailing Address:

6015 NW 116 PL Unit #474

Miami, FL 33178

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lauren V. Perez

Name

5200 Blue Lagoon Drive Suite 600

Florida street address (P.O. Box **NOT** acceptable)

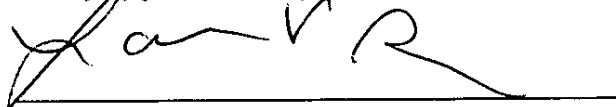
Miami, FL 33126

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Laurie Bones

6015 NW 116th PL Unit #474

Miami, FL 33178

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/20/09. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Laurie Bones

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)