

L09 0000 56681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

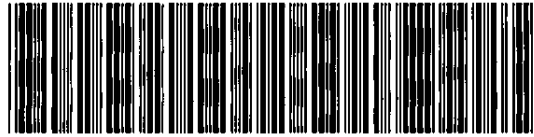
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600156383016

06/09/09--01035--024 \*\*160.00

FILED  
09 JUN -9 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 10 2009

EXAMINER

Law Offices  
**JEROME HURTAK**

---

10800 BISCAYNE BLVD., SUITE 520  
MIAMI, FLORIDA 33161  
(305) 892-6869  
FAX: (305) 892-6798

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

***Re: Bonito 809 L.L.C.***

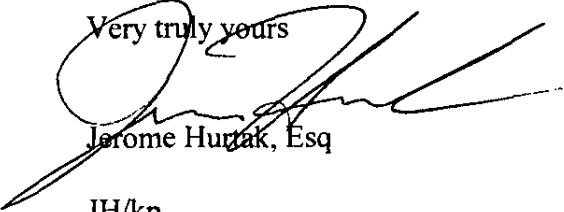
Dear Sir/Madam

Enclosed for filing please find the following:

- Articles of Organization for Florida Limited Company
- Check in the amount of \$160.00

Please direct any inquiries to me at the above address.

Very truly yours



Jerome Hurtak, Esq

JH/kp

Encl: As above

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bonito 809 L.L.C.**  
(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:

**Jerome Hurtak, Esq.**  
\_\_\_\_\_  
(Name of Person)

**Law Offices of Jerome Hurtak**  
\_\_\_\_\_  
(Firm/Company)

**10800 Biscayne Blvd., Suite 520**  
\_\_\_\_\_  
(Address)

**Miami, Florida 33161**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Kenny Kotalik** at ( **305** ) **345-1185**  
\_\_\_\_\_  
(Name of Person) (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**

FILED  
09 JUN -9 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bonito 809 L.L.C.

(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:**

**Mailing Address:**

Bonito 809 L.L.C.

900 N.W. 144 Street

Miami, Florida 33168

Bonito 809 L.L.C.

900 N.W. 144 Street

Miami, Florida 33168

**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:

Jerome Hurtak, Esq.

Name

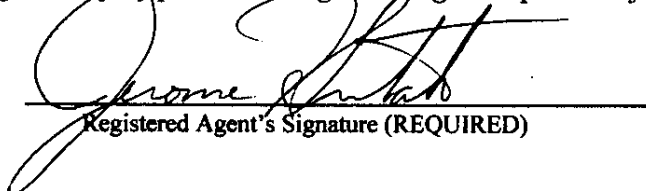
10800 Biscayne Blvd., Suite 520

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

Miami, Florida 33161 FL

City, State, and Zip

*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)

Page 1 of 2

**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:**

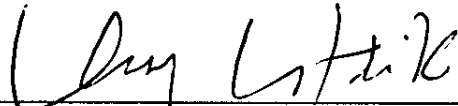
MGRM	Kenny Kotalik
	900 N.W. 144 Street
	Miami, Florida 33168
MGRM	Sy Kotalik
	111 South Crown Way, Suite 5
	Wellington, Florida 33414
MGRM	Terry Kotalik
	111 South Crown Way, Suite 5
	Wellington, Florida 33414

09 JUN -9 AM 9:53  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 9, 2009. (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.)

Kenny Kotalik  
\_\_\_\_\_  
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)