

09000066714

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H090001601183)))



H090001601183ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FILED
2009 JUL 10 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MyRebound LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

T. CLINE

JUL 13 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

09 JUL 10 AM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # H09000160118 3

**ARTICLES OF ORGANIZATION
OF
MyRebound LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **MyRebound LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
23185 Boca Club Colony Circle, Boca Raton, Florida 33433.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 8040
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of
Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Michael Maggio, 23185 Boca Club Colony Circle, Boca Raton, Florida 33433



Date: July 9, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717

(608) 827-5300

FAX AUDIT # H09000160118 3

FILED
2009 JUL 10 AM 8:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FAX AUDIT # H09000160118 3

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **MyRebound LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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 the 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.

Signature: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: July 9, 2009

FILED
JUL 10 AM 8:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FAX AUDIT # H09000160118 3