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(Requestor's Name)

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(City/State/Zip/Phone #)

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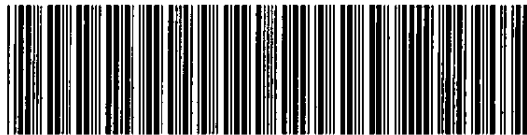
(Business Entity Name)

(Document Number)

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2009 JUL 16 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 17 2009

EXAMINER

• COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONTEMPORARY AQUARIUM AND DESIGN, LLC  
(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:

FABIAN G. BOGLE  
(Name of Person)

CONTEMPORARY AQUARIUM AND DESIGN  
(Firm/Company)

5706 N.W. 68 TERRACE  
~~2723 WEST MONTE ROAD SUITE 1132~~  
(Address)

TAMARAC, FL 33321  
~~POMPANO BEACH, FL 33069~~  
(City/State and Zip Code)

For further information concerning this matter, please call:

FABIAN G. BOGLE at (754) 204-6022  
(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

FABIAN G. BOGLE  
CONTEMPORARY AQUARIUM & DESIGN  
5706 N.W. 68 TERRACE  
TAMARAC, FL 33321 & "THIS DOC. ONLY"

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CONTEMPORARY AQUARIUM AND DESIGN, 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:

Mailing Address:

2303 WEST MCNAB ROAD  
POMPANO BEACH, FL  
33069 SUITE #32

2303 WEST MCNAB ROAD  
POMPANO BEACH, FL  
33069 SUITE #32

**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 business entity with an active Florida registration.)

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

RACQUEL ROGUE (QUEEN B'S ACCESSORIES, LLC)  
Name

526d SW 9th

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

Plantation FL 33317

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

CEO

**Name and Address:**

FABIAN G. BOGLE  
2303 WEST MCNAB ROAD  
POMPAHO BEACH, FL 33069  
SUITE # 32

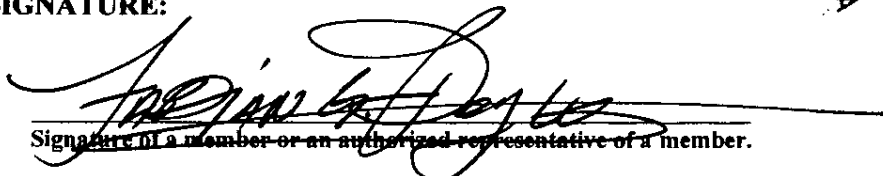
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07-26-09. (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.)

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TALLAHASSEE, FLORIDA

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**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.)

FABIAN G. BOGLE  
Typed or printed name of signer

**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)