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(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:]		

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O9 AUG -7 AM 10: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. KOHR
AUG 1 0 2009
EXAMINER

COVER LETTER

SHRIECT.	What's	s Poppin Tonite LLC
SUBJECT:		ted Liability Company
The enclosed Artic	es of Organization and fcc(s) are	submitted for filing.
Please return all con	теspondence concerning this mat	ter to the following:
		Shiva Cox
		Name of Person
<u> </u>	What's	Poppin Tonite LLC
		Firm/Company
	191	10 SW 60th Ave
		Address
		uderdale Florida 33068
		ty/State and Zip Code
<u> </u>	Shiva@v E-mail address: (to be used	vhatspoppintonite.com for future annual report notification)
For further informa	tion concerning this matter, pleas	e call:
	Shiva Cox	at (954) 263-9552
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
]\$125.00 Filing F	ce \$\sums\$\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

What's Bonnin	Tonito LLC
What's Poppin (Must end with the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1910 SW 60th Ave	1910 SW 60th Ave
North Lauderdale Florida 33068	North Lauderdale Florida 33068
The name and the Florida street address of the Hamilton	n Fleary
Nam	SSS
Florida street address (P.0	O. Box NOT acceptable)
North Lauderdale 3306	
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Hamilton J Registered Agent's Sign	diary ature (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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing	lember
MGRM	Shiva Cox
· · · · · · · ·	1910 SW 60th Ave
	North Lauderdale FI 33068
MGRM	Hamilton Fleary
	7329 Granada Wy
	Margate FI 33063
(11	
(Use attachment if nec	sary)
CLE V: Effective date, i	other than the date of filing: (OPTIONAL)
effective date is listed, th	date must be specific and cannot be more than five business days prior
00 days after the date of	ing.)
REQUIRED SIGNAT	URE: all
	Mp. Comments
Signa	re of a member or an authorized representative of a member.
(In ac	rdance with section 608.408(3), Florida Statutes, the execution
of th	document constitutes an affirmation under the penalties of perjury facts stated herein are true.)
High C	
	Typed or printed name of signee
Filing Fees:	Typod or printed mains or digities
	

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)