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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer	
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SECRETARY OF STATE

M. THOMAS

SEP - 8 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Dade County Boyz Entertainment, LLC Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Oscar Henao
-	Name of Person
	Dade County Byz, Entertainment, Ltd. U
	4300 Sheridan strut, aft. 101
_	HOllywood Fl. 33021 City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
<u>D</u>	Name of Person at (786) 873.526 88 73. Name of Person Area Code & Daytime Telephone Number ARE SE
Enclose	d is a check for the following amount:
]\$125.0	O Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, \$\bigcup \\$Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)
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	Mailing Address Street/Courier Address

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

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:

Dade County Boyz Entertainment, 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: 4300 Sheridan St. Suffetot 4300 Sheridan St. St., 10/ Holly wood, ft. 33021 Holly wood, ft. 33021
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: David Milans
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

egistered 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: Member		
President	OSCAY HERAU 4300 Sheridan St # 101 Hollywood, H. 33025		
Vice Preside	ent Daviel Hilanes 4300 Shapidan St.#114 Hollywood, Pl. 33021		
	SECRETAR SECRETAR		
(Use attachment if neces			
ARTICLE V: Effective date, if of (If an effective date is listed, the to or 90 days after the date of file	other than the date of filing: Supt. 1, 2009. (OFTIONAL) e date must be specific and cannot be more than five business days prior ling.)		
REQUIRED SIGNATU	URE: Soar Heras ure of a member or an authorized representative of a member.		
(In according of this	(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.)		
	OSCON HEAGO Typed or printed name of signee		
Filing Fees:			
\$125.00 Filing Fee for A of Registered A \$ 30.00 Certified Copy			
\$ 5.00 Certificate of Si			