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From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (888)491-1120

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## FLORIDA/FOREIGN LIMITED LIABILITY CO. BIMINI TWIST SHOPS, LLC

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**EXAMINER** 

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# ARTICLES OF ORGANIZATION BIMINI TWIST SHOPS, LLC

### ARTICLE 1 - Name:

The name of the Limited Liability Company is BIMIN) TWIST SHOPS, LLC.

#### ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

#### ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 8480 Okeechobee Boulevard, West Palm Beach, Florida 33411.

### ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company, is William S. Kramer, Esq., 2255 Glades, Suite 414E, Boca Raton, Florida 33431.

ARTICLE V - Management: name(s) and address(es) of the initial manager(s) who is/are to serve as manager(s) is/are:

> Ralph R. Benfante 8480 Okeechobee Blvd., West Palm Beach, Florida 33411

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Ralph RyBenfante, Member

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- The name of the Limited Liability Company is:
   BIMINI TWIST SHOPS, LLC
- The name and address of the registered agent and office is:
   William S. Kramer, Esq.,
   2255 Glades, Suite 414E, Boca Raton, Florida 33431.

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SECRETARY OF STATE
TALLAHASSEE, FLORID

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.

WILLIAM S. KRAMER

(Signature)

December 9

(Data)

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