

LO 9000119780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

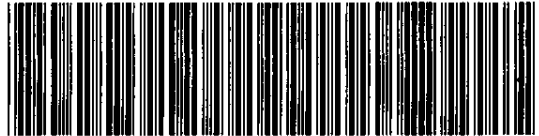
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500163128995

11/30/09--01071--008 **78.73

12/11/09--01034--015 **125.00

EFFECTIVE DATE
12/12/09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 17 PM 3:09

FILED

W09-53968
W09-52330
N. Calligan DEC 17 2009

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

SUBJECT: **ROX INVESTMENTS, LLC.**
Proposed Corporate Name

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 78.75 – Filing Fee & Certificate of Status

FROM: **Anthony Mesoraca**
1406 No. Ocean Dr.
Pompano Beach, Fl. 33062

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

ANTHONY MESORACA
1406 NO. OCEAN DR
POMPANO BEACH, FL 33062

SUBJECT: ROX INVESTMENTS, LLC
Ref. Number: W09000053968

We have received your document for ROX INVESTMENTS, LLC and your check(s) totaling \$203.73. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 209A00037866

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BOX Investments, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLP")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

&

Mailing Address:Christine's By The Sea
1406 No. Ocean Drive
Pompano Beach, FL 33062**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:

Anthony Mesoraca
Name1406 No. Ocean Dr.
Florida street address (P.O. Box **NOT** acceptable)Pompano Beach, FL 33062
City, State, and ZipCLERK OF STATE
TALLAHASSEE, FLORIDA

09 DEC 17 PM 3:09

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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.

Anthony Mesoraca
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

Name and Address:MGRAnthony Mesoraca
2613 NE 33rd Ave
Fort Lauderdale, FL 33308MGRRoxane Mesoraca
2613 NE 33rd Avenue
Fort Lauderdale, FL 33308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Dec 12, 2009 (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.)**REQUIRED SIGNATURE:**Roxane Mesoraca

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.)

Roxane Mesoraca

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 17 PM 3:09

FILED

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