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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

FEB - 1 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2010

JOSEPH BLANCO  
645 SEVILLA AVENUE  
CORAL GABLES, FL 33134

SUBJECT: RELAKX ENTERTAINMENT, LLC  
Ref. Number: W10000003329

We have received your document for RELAKX ENTERTAINMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 21, 2010. Please amend your document accordingly.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 110A00001779

2010 JAN 29 AM 10:36  
TAMMI CLINE  
REGULATORY SPECIALIST II  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RELAKX ENTERTAINMENT, 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:

**JOESPH F. BLANCO**

Name of Person

**RELAKX ENTERTAINMENT, LLC**

Firm/Company

**645 SEVILLA AVENUE**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**Joe Blanco@gmail.com**

E-mail address: (to be used for future annual report notification)

2010 JAN 29 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

**JOSEPH F. BLANCO**

Name of Person

at ( **786** ) **412-0615**

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

RELAKX ENTERTAINMENT, 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:

645 SEVILLA AVENUE  
CORAL GABLES, FL 33134

#### Mailing Address:

645 SEVILLA AVENUE  
CORAL GABLES, FL 33134

### 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:

CHRISTOPHER N. HOOD

Name

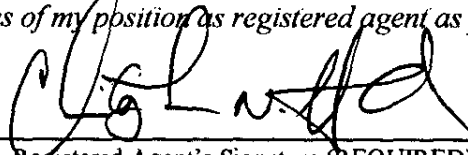
346 ROSWELL AVENUE

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

ORLANDO, FL 32803 FL

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)

**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:**

MGRM

JOSEPH F. BLANCO

645 SEVILLA AVENUE

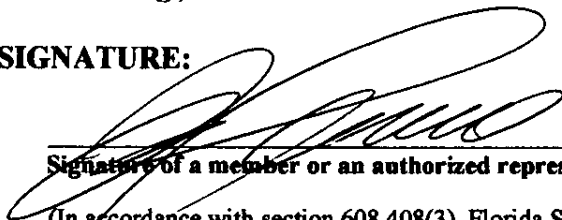
CORAL GABLES, FL 33134

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/01/2010 (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:**

  
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.)

JOSEPH BLANCO

Typed or printed name of signee

**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)