## L10000001139

(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:

L. SELLERS

JUN - 8 2010

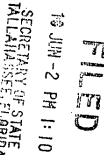
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJI	ECT: Boot Hid						
		Name of Limit	ed Liability Company				
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.				
Please	return all corresp	ondence concerning this matt	er to the following:				
	Paul Rubin, E	isq.					
	-		Name of Person				
	Law Offices o	f Paul Rubin, LLC					
	Firm/Company						
	2376 Route 3	3					
			Address				
	Robbinsville,	NJ 08691					
			y/State and Zip Code				
	pr@prubinlaw	.com					
		E-mail address: (to be used t	or future annual report notification)				
For fur	ther information	concerning this matter, please	e call:				
Paul Rubin			at ( 609 ) 259-1800				
	Name	of Person	Area Code & Daytime Telephone Number				
Enclos	sed is a check fo	or the following amount:					
□\$125	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	us &			
		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

ARTICLE I - Name:		
The name of the Limited Liability Company i	s:	
Boot Hide Out, LLC		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	<del></del>
ADTICLE II Address.		
ARTICLE II - Address: The mailing address and street address of the	nrincipal office of the Limited Liabilit	ov Company is
	principal confector the Emilion Elacine	y company is
Principal Office Address:	Mailing Address:	
1530 Ocean 8ay Drive	1530 Ocean Boy Drive	
Unit 411	1530 Ocean Bay Drive Unit 411	
Key Largo, FL 33037	Key Largo, FL 33037	<del></del>
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the	· · · · · ·	r another
Quintin D'Imperio		
Nam	ne e	
1530 Ocean Bay Drive,	Unit 411	
Florida street a	ddress (P.O. Box NOT acceptable)	
Key Largo,	FL 33037	
City, S	State, and Zip	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete paccept the obligations of my position as registered agent's sign	this certificate, I hereby accept the appity. I further agree to comply with the poerformance of my duties, and I am famgistered agent as provided for in Chapte	pointment as: provisions of al piliar with and
·	t of 2	⊸्र ं प्र ∽ चना विकास

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Mana "MGRM" = Mar	_		
MGRM		Hat Ta Boot Sales Inc.	
THO I WIT		10 Country House Way	
		Columbus, NJ 08022	
<del></del>			
			<del></del>
	<del></del>	-	
(Use attachment	if necessary)		
OI E W. ESS.	daka :Cadhandhandhanda	A C C!!	ODTIONIAL
LE V: Ellective effective date is lie	date, ii other than the da	te of filing: ( pecific and cannot be more than five by	OPTIONAL) icinace days prio
0 days after the d		pecific and cannot be more than five bu	isiness days prio
, and a more a	og.,		
	Λ		
REQUIRED SI	GNATURE: //		
	///	M := 1//	
	Un.	\ lenan	
	Signature of a member of	r an authorized representative of a member.	
		_ ,	
	of this document constitut	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	
	that the facts stated herein	n are true.)	
	Quintin D'Imperio, Pres	ident d 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)