

**L10000107998**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H10000226564 3)))



H100002265643ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.  
Account Number : 072262000447  
Phone : (561) 842-3000  
Fax Number : (561) 842-3626

**10 OCT 15 AM 8:08**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**Bloody Machete Enterprises, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**RECEIVED  
10 OCT 15 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Electronic Filing Menu

Corporate Filing Menu

Help

Fax Audit No.: H10000 2265643

**ARTICLES OF ORGANIZATION**

**OF**

**BLOODY MACHETE ENTERPRISES, LLC**

**THE UNDERSIGNED**, pursuant to the Florida Limited Liability Company Act, adopts the following Articles of Organization for such Limited Liability Company:

**ARTICLE I - NAME**

The name of this Limited Liability Company is:

**BLOODY MACHETE ENTERPRISES, LLC**

**ARTICLE II - DURATION**

The duration of this Limited Liability Company is perpetual.

**ARTICLE III - PURPOSE**

The purpose for which this Limited Liability Company is organized is to engage in any lawful act or activities for which limited liability companies may be organized under the laws of the State of Florida.

**ARTICLE IV - MAILING ADDRESS OF LIMITED LIABILITY COMPANY**

The mailing address of the business of this Limited Liability Company is 1555 Palm Beach Lakes Boulevard, Suite 1010, West Palm Beach, Florida 33401 and the principal place of business of this Limited Liability Company is 1555 Palm Beach Lakes Boulevard, Suite 1010, West Palm Beach, Florida 33401.

**ARTICLE V - INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The street address of this Limited Liability Company's initial registered office in Florida is 4420 Beacon Circle, Suite 100, West Palm Beach, Florida 33407 and the name of its initial registered agent at that address is Michael J Posner, Esq.

Prepared by: Michael J Posner, Esq.  
4420 Beacon Circle, Suite 100  
West Palm Beach, Florida 33407  
Bar No: 525685 ♦ Phone: 561/842-3000

Fax Audit No.: H10000 226543

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 15 AM 8:08

Fax Audit No.: H 10000 2265643

ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is therefore a manager - managed limited liability company. The names and addresses of the initial manager is as follows:

John T. Christiansen

1555 Palm Beach Lakes Boulevard, Suite 1010  
West Palm Beach, Florida 33401DATED this 12<sup>th</sup> day of October, 2010.By: 

John T. Christiansen, Manager

(In accordance with Florida Statutes §608.408(3) the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

STATE OF FLORIDA )

) ss:

COUNTY OF PALM BEACH )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared John T. Christiansen, to me known to be the person described in and who executed the foregoing instrument and acknowledged before me that he executed the same for the purposes therein expressed.

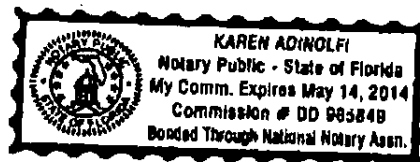
WITNESS my hand and official seal in the County and State last aforesaid this 12<sup>th</sup> day of October, 2010.

Notary Public

Sign: 

My Commission Expires:

May 14, 2014.



Prepared by: Michael J Posner, Esq.

4420 Beacon Circle, Suite 100

West Palm Beach, Florida 33407

Bar No: 525685 ♦ Phone: 561/842-3000

Fax Audit No.: H 100002265643


Fax Audit No.: H10000 2265643

**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

**ACKNOWLEDGMENT:**

Having been named as registered agent and to accept service of process for **BLOODY MACHETE ENTERPRISES, LLC**, at the initial registered office of the Limited Liability Company in this State designated in its Articles of Organization, 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, Florida Statutes.

Date: October 15, 2010.

  
\_\_\_\_\_  
Michael J Posner  
4420 Beacon Circle  
West Palm Beach, Florida 33407

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 15 AM 8:08

Prepared by: Michael J Posner, Esq.  
4420 Beacon Circle, Suite 100  
West Palm Beach, Florida 33407  
Bar No: 525685 ♦ Phone: 561/842-3000

Fax Audit No.: H10000 2265643