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Effective Date 6-15-11

SECRETARY OF STATE.

TALLAHASSEF, FLORING

J. SAULSBERRY EXAMINER JUN 22 2011

## **COVER LETTER**

Registration Section

Division of Coi	rporations				
<sub>SUBJECT:</sub> Hoodo	oo Blue, LLC				
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	l Liability Compa	iny		
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing	<b>;</b> .		
Please return all correspo	ondence concerning this matte	r to the following	;		
George B	ograkos				
	j.	Name of Person			
Hoodoo B	Blue, LLC				
		Firm/Company			
3700 N 29	th Ave. Suite 203				
		Address		-a-id	
Hollywood,	FL 33020-1019			SECA	ر ار 2011
	City/	State and Zip Code		HAS	JUN 20
hoodoobluer	music@gmail.com			S TO	20
For further information of	E-mail address: (to be used for concerning this matter, please	_	rt notification)	OF STA	PH
George Bograkos	<b>S</b>	at (954)	921-0000	AOE VIEW	: 59
Name o	of Person	Area Code	& Daytime Telephone	Number	
Enclosed is a check for	r the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & [ Certificate of Status	\$155.00 Filin Certified Cop (additional copy	oy Ce v is enclosed) Ce	60.00 Filing F rtificate of Sta rtified Copy ditional copy is e	itus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division G Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### Hoodoo Blue, 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: Mailing Address:** 3700 N 29th Ave Suite 203 3700 N 29th Ave Suite 203 Hollywood, FL 33020-1019 Hollywood, FL 33020-1019

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:

Dan Farmer Name

968 W Hallandale Beach Blvd.

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

1 FL 33009-5241 City, State, and Zip Hallandale Beach

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:

MGRM" = Managing Member		
MGR	George Bograkos	
	3700 N 29th Ave. Suite 203	
	Hollywood, FL 33020-1019	
MGRM	Theresa Bograkos	
	3700 N 29th Ave. Suite 203	
	Hollywood, FL 33020-1019	
		SECRET
		\$3.00 L
Use attachment if necessary)		PH I:
F.V. Effective date if other than th	e date of filing: June 15, 2011	<b>W</b> IT90 🖺

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### George Bograkos

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)