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EXAMINER

COVER LETTER

SUBJECT: BOO BOO BASKET LILL. 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: THE BUBLICA PROTMANTS Firm/Company HOS BRIDSTOWN CT, Address SATELLING BLH FLA 3293 City/State and Zip Code TRUD	
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: Second Hill APP RTM2 TS Firm/Company 455 Bridge Town CT Address Second Hill APP RTM2 TS Firm/Company City/State and Zip Code Tawo Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Please return all correspondence concerning this matter to the following: THE BUBLET Name of Person SARDHILL APARTMENTS Firm/Company 455 BRIDSETONN Address SARELLING BLH FLA 3293 City/State and Zip Code TRUBLED AS TOWN E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person SAROHILL APARTMANTS Firm/Company 455 BRIDGETOWN Address SARELLING BLH FLA 3293 City/State and Zip Code TRUBLING AD THERSIL (OM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
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Firm/Company 455 BRIDSETOWN Address SATELLING BLH FLA 3293 City/State and Zip Code TRUBLED 30 Interpret notification) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
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Address SATELLING BLH FLA 3293 City/State and Zip Code TRUD D3D FOR future annual report notification) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
SATELLITE BLA FLA 3293 City/State and Zip Code TRUBLITERS (L. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
SATELLING BLA FLA 3293 City/State and Zip Code TRUIT PRS L. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
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Name of Person Area Code & Daytime Telephone Number	5
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Enclosed is a check for the following amount:	- ³ • •
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 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:
Boo Boo BASKET L.L.C
(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:
SATELLITE BEACH FLA
3 2 3 7
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:
TEST BY BY BL. 7
Name
3 UA GOVERN COSO TOAS 810
Florida street address (P.O. Box NOT acceptable)
Me L Bourn & FL 32901 City, State, and Zip
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)

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
CEO	Bublitz Jeff
	455 Bridgetown Ct.
	Satellite Beach, FL 32937
President	Bublitz Lauri
	455 Bridgetown Ct.
	Satellik Beach, FL 32937
VP	Bublilz Jason
	455 Bridgetown Ct.
	Satellite Beach, FC 32987
S	Bublitz Jonathan
	7624 Sheridan Rd
	West Melbourne, FC 32904
(Use attachment if necessary)	
0 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days p
REQUIRED SIGNATURE.	
Del.	
Signature of a m	nember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true.
constitutes a third degree	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
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•	e felony as provided for in s.817.155, F.S.)
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