

L11000 120016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

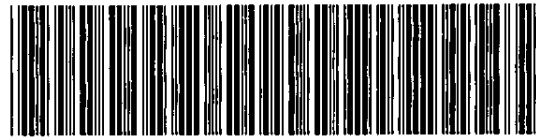
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**B. KOHR**

OCT 20 2011

**EXAMINER**



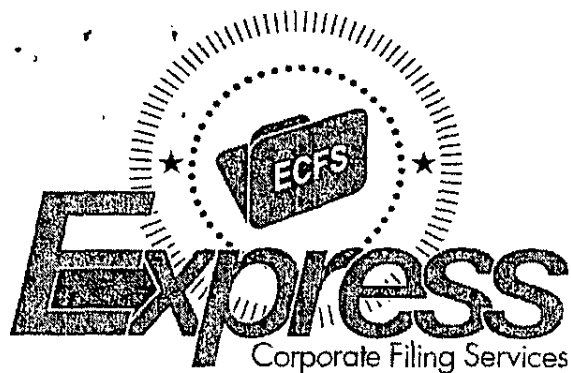
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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
FALLS CHURCH, VA 22034

EFFECTIVE DATE 10/13/2011

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DIVISION OF CORPORATIONS



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

EFFECTIVE DATE 10/13/2011

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DIVISION OF CORPORATIONS  
11 OCT 20 PM 2:02

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Boot Lane Shiro, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☒ Pick up time \_\_\_\_\_    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

EFFECTIVE DATE 10/13/2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

BOOT LANE SHIRO, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is

BOOT LANE SHIRO, LLC

Effective date October 13, 2011

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

550 Biltmore Way, Ste 209  
Coral Gables, FL 33134

Principal Address:

550 Biltmore Way, Ste 209  
Coral Gables, FL 33134

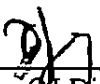
ARTICLE III - REGISTERED AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

OJ Diaz

550 Biltmore Way, Ste 209  
Coral Gables, FL 33134

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 308, F.S.

  
\_\_\_\_\_  
OJ Diaz

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ARTICLE IV - MANAGERS

The name and the Florida street address of the managers or managing member is:

MGR: Ricardo Arcetti  
550 Biltmore Way, Ste 209  
Coral Gables, FL 33134



Ricardo Arcetti

(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.)