

**617 000041726**

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.

(((H17000051586 3)))



H170000515863ABC0

**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) 617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : 120030000004  
Phone : (407) 835-6769  
Fax Number : (407) 843-4076

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

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

corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.  
BUTCHER & SONS MIAMI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**M. MOON  
FEB 23 2017**

(((H17000051586 3)))

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

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**BUTCHER & SONS MIAMI, LLC**

**ARTICLE II - Address**

The mailing address of the Limited Liability Company is as follows:

9801 Collins Avenue, #3Y  
Bal Harbour, Florida 33154

The street address of the principal office of the Limited Liability Company is as follows:

9801 Collins Avenue, #3Y  
Bal Harbour, Florida 33154

**ARTICLE III - Management**

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial Manager shall be **Loop Tonic, LLC**.

**ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature**

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

**CORPORATION COMPANY OF ORLANDO**  
300 South Orange Avenue  
Suite 1000 (RJN)  
Orlando, Florida 32801

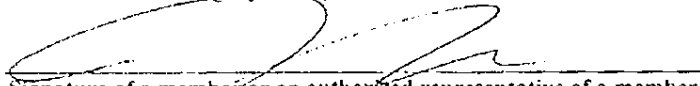
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 605, Florida Statutes.*

**CORPORATION COMPANY OF ORLANDO**

By: 

(Registered Agent's Signature)

**J. Gregory Humphries, Vice President**

  
Signature of a member or an authorized representative of a member

**R. Jofur Nadjafi, Esquire, Authorized Representative**

(In accordance with section 605.0203 (1) (b), 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, Florida Statutes)

(((H17000051586 3)))