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## **COVER LETTER**

	iew Filing Section Pivision of Corporations			
Dux & Boomer Communications, LLC SUBJECT:				
SOBJECT		nited Liability Company		
The enclos	sed Articles of Organization and fee(s) are	e submitted for filing.		
Please retu	irn all correspondence concerning this ma	itter to the following:		
	Christina Angela Boomer			
		Name of Person		
		·		
		Firm/Company		
	2125 SW 25th Terrace			
		Address		
	Miami Florida 33133			
(	Contact@duxandboomer.com	ity/State and Zip Code		
	E-mail address: (to be used	for future annual report notificat	ion)	
For further i	information concerning this matter, please	e call:		
	Brittany Ann Dux 30	05 434-0711 )		
		rea Code Daytime Telephor	ne Number	
Enclosed is	s a check for the following amount:			
\$125.00 Fi	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section	Street Address New Filing Section		

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liabilit	y Company is:			
Dux & Boomer Con	nmunications, LLC			
(Must conti	ain the words "Limited I	Liability Company.	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	ffice of the Limited	d Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
2125 SW 25th Terra			2125 SW 25th Terrace	
Miami Florida 3313	3	<u>Mia</u>	mi Florida 33133	
another business entity with an a	_	agent are:		
		Name		
2125 SW 25th Terrace		· <del></del> ·		
	Florida street address (P.O. Box NOT acceptable)			
	Miami	Florida 331	33	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the appo ovisions of all statutes re digations of my position of	ointment as register clating to the brope as registered agent	re above stated limited liability company at the red agent and agree to act in this capacity. It is and complete performance of my duties, and as provided for in Chapter 605, F.S	

SECRETARY OF STATE

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Christina Angela Boomer 2125 SW 25th Terrace Miami Florida 33133
MGR	Brittany Ann Dux 7930 SW 78 Street Miami Florida 33143
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	edate of filing: August 21, 2018 (OPTIONAL)  Describe and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	2. l. L. D.
This document is e	a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes, 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. Brittany Ann Dux

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)

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