Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:_ bob@viniarcpa.com

FLORIDA LIMITED LIABILITY CO. **BOOMERANG BEVERAGE SERVICES LLC**

Certificate of Status	1
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Corporate Filing Menu

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ARTICLE 1 - Name:

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	BEVERAGE SERVICES LLC
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
221 OLD DIXIE HIGHWAY #1 TEQUESTA, FLORIDA 33469	221 OLD DIXIE HIGHWAY #1 TEQUESTA, FLORIDA 33469
(The Limited Liability Company cannot se	
(The Limited Liability Company cannot se another business entity with an active Flo	rve as its own Registered Agent. You must designate an individual or ida registration.)
(The Limited Liability Company cannot se another business entity with an active Flo	rve as its own Registered Agent. You must designate an individual or ida registration.) the registered agent are:
(The Limited Liability Company cannot se another business entity with an active Flo The name and the Florida street address of	rve as its own Registered Agent. You must designate an individual or ida registration.) the registered agent are:
(The Limited Liability Company cannot so another business entity with an active Flo The name and the Florida street address of AMY ANGEL 221 OLD DIX	rve as its own Registered Agent. You must designate an individual or ida registration.) The registered agent are: Name E HIGHWAY #1 Pres (R.O. Roy MOT acceptable)
(The Limited Liability Company cannot so another business entity with an active Flo The name and the Florida street address of AMY ANGEL 221 OLD DIX	rve as its own Registered Agent. You must designate an individual or ida registration.) The registered agent are: Name Name

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, F.S..

Registered Agent's Signature (REQUIRED)

AMY ANGELO

(CONTINUED)

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<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager MGR	OCEANA LOGISTICS INTERNATIONAL INC
WON	221 OLD DIXIE HIGHWAY #1
	TEQUESTA, FLORIDA 33469
Use attachment if necessary)	
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	nc of filing:
	specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the daterive date is listed, the date must be sof filing.) EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the date tive date is listed, the date must be so filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE:	Specific and cannot be more than five business days prior to or 90
E. V: Effective date, if other than the date tive date is listed, the date must be so filling.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a no (In accordance with section)	member or an authorical representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
E. V: Effective date, if other than the date tive date is listed, the date must be so filling.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a no (In accordance with section constitutes an affirmation)	nember or an authorical representative of a member. no 605.0203 (1) (b), Florida Statutes, the execution of this document author the penalties of perjury that the facts stated herein are true.
E.V: Effective date, if other than the daterive date is listed, the date must be sof filling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a normal (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document tunder the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
E.V: Effective date, if other than the daterive date is listed, the date must be sof filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a normal (In accordance with section constitutes an affirmation I am aware that any false)	nember or an authorical representative of a member. no 605.0203 (1) (b), Florida Statutes, the execution of this document author the penalties of perjury that the facts stated herein are true.

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