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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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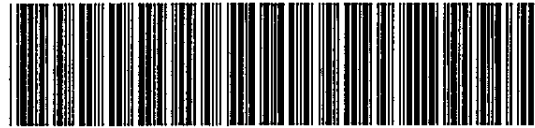
(Business Entity Name)

(Document Number)

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03 MAY 23 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Advanced Tax Centre, Inc.**

(A Firm of Enrolled Agents)

**3819 Murrell Road, Suite E, Rockledge, FL 32955**

*James A. Naff, EA\**  
*E. Ann Shroll, EA\* \*\**  
*Edward F. Chambers, EA*  
*Kenneth J. Shroll, EA*

*Phone: (321) 636-8561*  
*Fax: (321) 631-7208*  
*E-mail: atc777@bellsouth.net*

**TRANSMITTAL LETTER**

Tuesday, May 20, 2003

Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

SUBJECT: Boman Services, LLC  
DOCUMENT NUMBER:

The enclosed ARTICLES OF ORGANIZATION for a Limited Liability Company is submitted for filing.

Please return all Correspondence concerning this matter to the following:


James A. Naff, EA  
Advanced Tax Centre, Inc.  
3819 Murrell Road, Suite E  
Rockledge, FL 32955

For further information concerning this matter, please call:

James A. Naff or Edward Chambers at (321) 636-8561

Enclosed is a check made payable to the Florida Department of State for \$130.00 for the filing fee of \$100.00, Registered Agent Designation Fee of \$25.00 and \$5.00 for a Certificate of Status..

Sincerely,

  
James A. Naff  
Enrolled Agent

03 MAY 23 AM 9:33  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*\* Graduate Fellow of The National Tax Practice Institute*  
*Member: National Association of Enrolled Agents*  
*Member: National Society of Accountants*  
*Licensed to Represent Taxpayers at all Administrative Levels of the Internal Revenue Service*  
*and State Departments of Revenue.*

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

**ARTICLE I – Name**

The name of the Limited Liability Company is:

Boman Services, LLC

**ARTICLE II – Address:**

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

4090 Dakota Avenue  
Cocoa, FL 32926

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

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

Rhonda E. Mangione  
Name  
4090 Dakota Avenue  
Florida street and address (P.O. Box **NOT** acceptable)  
Cocoa, FL 32926  
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.*

Rhonda E. Mangione  
Registered Agent’s Signature

03 MAR 2011 9:33  
STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV – Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

Rhonda E. Mangione  
Signature of a member or an authorized representative of a member.

(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.)

Rhonda E. Mangione  
Typed or printed name of signee

**Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)