rision of Corporations



Division of Corporations Public Access System

### 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.

(((H03000334793 3)))

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)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

### LIMITED LIABILITY COMPANY

boson properties, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electricatic Limit Notice

1 of 1

15-5003

(B).



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

Boson Properties, LLC

#### ARTICLE I

The name of the Limited Liability Company shall: Boson Properties, LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address is P.O. Box 810969, Boca Raton, FL 33481and street address of the principal office of the Limited Liability Company is 951 N.W. 13<sup>TR</sup> Street, Suite 1C, Boca Raton, FL 33486.

#### ARTICLE IV

The name and the Florida street address of the registered agent are: Dana M. Kaufman, CPA 4700 Sheridan Street, Building N, Holliywood, FL 33021.

3 DEC 12 MIL: 57

403000334793

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Boson Properties LLC (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

na M. Kaufman Registered Agent

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Stantes, the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true.)

Dana M. Kaufman
Typed or printed name of signee

03 DEC 12 MH1: 57

HOBOOD 304 MS