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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:



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SECRETARY OF STATE
OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Bohs John LLC (Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
_	Charlena Diefel (Name of Person)
-	(Name of Person)
_	
	(Firm/Company)
-	14955 Gulf Blod Suited (Address) MAdei Ra Beach, Fl. 33708
	(Address)
	MAdeira Beach, Fl. 33708
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
	Charlene Diesel at (727) 215-5884 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
ZIS 125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle



November 25, 2008

CHARLENE DIEFEL 14955 GULF BOULEVARD, SUITE 1 MADEIRA BEACH, FL 33708

SUBJECT: BOBSJOBS, LLC Ref. Number: W08000053193

We have received your document for BOBSJOBS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 308A00058425

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMI	PANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	pany is:
Principal Office Address: Mailing Address:	
14955 Gulf Blud SAME	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	CONTRACTOR C
Name 14956 Gulf Blud Sulta Florida street address (P.O. Box NOT acceptable)) James
MAdel Row Boh FL 33708 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Fitle:</u> 'MGR" = Manage 'MGRM" = Mana		Name and Address:
MGR	_	Keith Schupbinger 14955 GNEBING Suit MADEIRA BEACH, PL33
m GRM	<u> </u>	Robert Hicks 14966 GulfBlvd Sun Madelna Beach, 19.337
MGRM		Charlene Dietel 14956 Gulf Blud Sun madel Ra. Beach, Fl. 33
		
(Use attachment i		
LE V: Effective of	date, if other than the date must late of filing.)	e date of filing: (OPTIONAle be specific and cannot be more than five business day
LE V: Effective of fective date is list days after the da	date, if other than the date must late of filing.)	be specific and cannot be more than five business day
LE V: Effective of fective date is list days after the da	date, if other than the ted, the date must be te of filing.) GNATURE: Signature of a member (In accordance with seconds)	per or an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury therein are true.)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)