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PICK-UP	☐ WAIT	MAIL
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**EXAMINER** 



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SECRETARY OF SIMILORS
DIVISION OF CORPORATIONS
12 MAR -5 PM 2\* 35



## **COVER LETTER**

TO:	Registration of	on Section Corporations		
SUBJ	<sub>ЕСТ:</sub> 180	3 Canton, LLC.		
2223		Name of Limit	ted Liability Company	
The e	nclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all com	respondence concerning this mat	ter to the following:	9
	Richard	d E. Bosserman	N. CD	12 MAR -5 PH 28 95
			Name of Person	A OFF CO
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	105 A I	East Marks Street		73. 23.
	125-A	zast Marks Street	Address	σ
	<u>Orlando</u>	Florida 32803	19	
	robossori	ده man@gmail.com	ty/State and Zip Code	
	160033611		for future annual report notification)	
For fu	rther informat	ion concerning this matter, pleas	e call:	
Rich	ard E. Bo	sserman	at (407 ) 234-4270	
	Na	me of Person	Area Code & Daytime Telep	none Number
Enclo	sed is a chec	k for the following amount:		
\$125.0	0 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

# 77.4

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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

1803 Canton, LLC.

(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 Company is:

Principal Office Address:	Mailing Address:	
125-A East Marks Street	125-A East Marks Street	
Orlando Florida 32803	Orlando Florida 32803	

#### 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:

Richard E. Bosserman

Name

125-A East Marks Street

Florida street address (P.O. Box NOT acceptable)

Orlando Florida 32803

FL

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

### **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

MGR	Richard E. Bosserman
	125-A East Marks Street
	Orlando Florida 32803
	<del></del>
<del></del>	
(Use attachment if necessary)	
LF V: Effective date if other than t	he date of filing: (OPTIONA
	be specific and cannot be more than five business day

Signature of a member of 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. I am aware that any 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.)

#### Richard E. Bosserman

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)