

L12000144090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

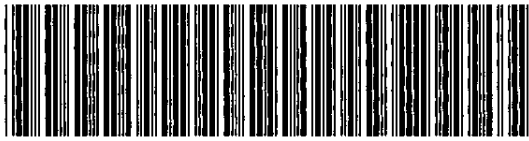
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
*Not enough for C.C.
Sending CUS*

Office Use Only



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Effective Date *11-19-12*

11/13/12--01022--008 **135.00

2012 NOV 13 AM 8:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
NOV 14 2012

November 8, 2012

To: Florida Department of State
Division of Corporation

To Whom It My Concern:

Please find enclosed my application to form a Limited Liability Company. I have attached a check in the amount of \$135.00 for the Filing Fee, Certified Copy and Certificate of Status. If you have any questions, please contact me.

Sincerely,



David Boyer
5000 Highway 17
Suite 18 #198
Fleming Island, FL 32003

2012 NOV 13 AM 8:32
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boyer Technologies, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Boyer

Name of Person

Boyer Technologies, LLC

Firm/Company

5000 Highway 17, Suite 18 #198

Address

Fleming Island, FL 32003

City/State and Zip Code

cboyer2020@yahoo.com

E-mail address: (to be used for future annual report notification)

2012 NOV 13 AM 09:32
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Boyer

Name of Person

at (**304**) **633-3302**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BoyerTechnologies, 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:

5000 Highway 17
Suite 18 #198
Fleming Island, FL 32003

5000 Highway 17
Suite 18 #198
Fleming Island, FL 32003

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:

David Boyer
Name

5000 Highway 17, Suite 18 #198
Florida street address (P.O. Box **NOT** acceptable)
Fleming Island FL 32003
City, State, and Zip

2012 NOV 13 AM 8:32
TALLAHASSEE, FLORIDA

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.

David Boyer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

David Boyer
1404 Shadowood Lane
Fleming Island, FL 32003

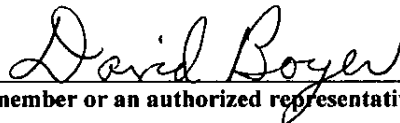
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DEPT OF STATE
TALLAHASSEE FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 19, 2012. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. 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.)

David Boyer

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)