

L02000032177

B.I.G.
INSURANCE SERVICES
235 S. Maitland Ave. Ste. 115
MAITLAND, FL 32751

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

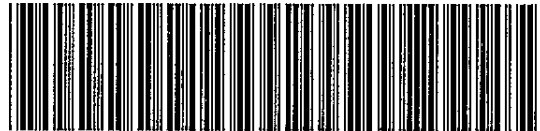
(Business Entity Name)

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02 DEC -2 PM 9:42

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12/12/02--01038--001 **125.00

L02-32177
OR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:
Bostrom's, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1205 San Juan Dr., Merritt Island, FL 32952

ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:

Charles F. Bostrom
Name
1205 San Juan Dr.
Florida street address (P.O. Box Not acceptable)
Merritt Island, FL 32952
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 the certificate, I hereby accept the appointment as registered agent and 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.

Charles F. Bostrom
Registered Agent's Signature

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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.

Charles F. Bostrom
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.)

CHARLES BOSTROM
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)**