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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: Jason Bodnar, L.L.C.		
(Name of Lin	nited Liability Company)	
The enclosed Articles of Organization and f	fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Jason Bodnar		
(Name of Person)		
Jason Bodnar, L.L.C.		
(Firm/Company)		_
1225 Tequesta Street		DIVISION OF CORPORATION 03 OCT -9 PM 3: 17
(Address)	 	- 9 OF R
Fort Lauderdale, Florida 33312		JARY OF SIAI FCORPORATI
(City/State and Zip Code)	TATION 1: 17
For further information concerning this mat	tter, please call:	Ċ,
Jason Bodnar	at (954 ₎ 764-5441	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jason Bodnar, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
1225 Tequesta Street	1225 Tequesta Street	
Fort Lauderdale, FL 33312	Fort Lauderdale, FL 33312	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Jason Bodnar			03	DIV.
Name	. 3.		001	SCH
1225 Tequesta Street			1	유분
Florida street address (P.O. Box NOT acceptable)		,	-0	CORC
Fort Lauderdale, FI 33312		·	=E	PCS
City, State, and Zip		·	<u>ب</u>	<u> </u>
				\circ

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

(CONTINUED)

<u>Title:</u> "MGR" = Manager		Name and Address:
"MGRM" = Managing	Member	6
<u>MGR</u>	ИE	JASON BODUNE
		1225 TEQUESTA ST.
		FORT LAUDERDALE, FL 33317
125 2 2		
<u> </u>		, , , , , , , , , , , , , , , , , , , ,
	fueca ,	
ality the state	F1	
(Use attachment if nece	essary)	
NOTE: An additiona	l article must be a	added if an effective date is requested.
REQUIRED SIGNAT	TURE:	
Sign	azture of a member o	or an authorized representative of a member.
(In a	accordance with section	on 608.408(3), Florida Statutes, the execution
	JASON BO	DONAR
	Турес	d or printed name of signee

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

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

Page 2 of 2

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)