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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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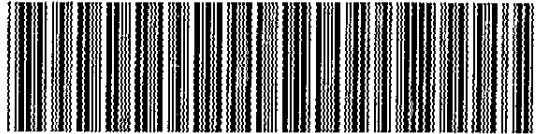
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTNERS
BOCON/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:

JOHN L. CONLIN
(Name of Person)

(Firm/Company)

P.O. Box 13295
(Address)

TALLAHASSEE, FL 32317
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN L. CONLIN at (850) 545-6335
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARTNERS
BOCON/LLC

ARTICLE II - Address:

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

Principal Office Address:

220 JOHN KNOX RD
STE #4
TALLAHASSEE, FL 32303

Mailing Address:

P.O. Box 13295
TALLAHASSEE, FL
32317

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

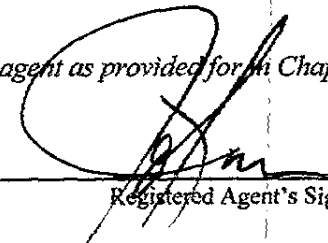
The name and the Florida street address of the registered agent are:

JOHN L. CONLIN
Name

220 JOHN KNOX RD STE #4
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FLORIDA 32303
City, State, and Zip

registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

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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

JOHN L. CONKIN
P.O. BOX 13295
TALLAHASSEE, FL 32317

MGRM

B.J. BOND
P.O. BOX 13737
TALLAHASSEE, FL 32317

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

JOHN L. CONKIN

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)

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