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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

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Account Name : C T CORPORATION SYSTEM  
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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**Bopa Design LLC**

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BOPA DESIGN LLC**ARTICLE II - Address:**

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

**Principal Office Address:**17105 SAN CARLOS BOULEVARD  
SUITE A6-179FORT MYERS, FL 33931**Mailing Address:**SAME AS PRINCIPAL OFFICE  
ADDRESS**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFLORIDA 33324

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, Florida Statutes..*

CT Corporation System

By: Cornelia Boyer

Registered Agent's Signature

Special Asst. Secretary

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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:****Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRROBERT W. BOYKIN17105 SAN CARLOS BOULEVARD, STE. A6-179  
PLANTATION, FL 33931MGRPAULA J. BOYKIN17105 SAN CARLOS BOULEVARD, STE. A6-179  
PLANTATION, FL 33931MGRTHOMAS R. DUNCAN, JR.16824 FLYING JIB ROAD  
CORNELIUS, NC 28031

(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.)

PAULA J. BOYKIN, MANAGER

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)