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	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	wait Mail
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TRANSMITTAL LETTER FILED 04 OCT -5 P# 3:28 TO: Registration Section Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA SUBJECT: Bodkin Meetings and Conventions, 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: Jane D. Bodkin (Name of Person) Bodkin Meetings and Conventions, LLC (Firm/Company) 2563 Capital Medical Boulevard (Address) Tallahassee, Florida 32308 (City/State and Zip Code) For further information concerning this matter, please call:

STREET ADDRESS:

(Name of Person)

Jane D. Bodkin

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

at (850) 531-8343 (Area Code & Daytime Telephone Number)

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

ARTICLES OF ORGANIZATION FOR

FILED 0CT -5 PH 3: 28

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	THE PROBLEM		
The name of the Limited Liability Company is:			
Bodkin Meetings and Conventions, 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:		
2563 Capital Circle Medical Boulevard	2563 Capital Medical Boulevard		
Tallahassee, Florida 32308	Tailahassee, Florida 32308		
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere			
Jane D. Bodkin			
Name			
Florida street address (P.O. Box No.	OT acceptable)		
Tallahassee, FL City, State, and Zip	ORIDA 32309		

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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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:		04	OCT -5	PH	3: 28	
<u>Title:</u> "MGR" = Manager	Name and Address:	SEC	RETARY AHASSE	OF ST E, FLC	ATE VRIDA	
"MGRM" = Managing Member						
MGRM	Jane D. Bodkin	<u> </u>			113	
	4008 Brandon Hill Drive Tallahassee. Florida 32309	<u> </u>	<u></u>	1 =	7.1±1.	
	Tallariassee. Fiorida 32309		 -		· _ = ·	
MGRM	Larry E. Bodkin, Jr.				الله الع <u>ليات</u> الع	
	4008 Brandon Hill Drive				: 1	
	Tallahassee, Florida 32309					
MGRM	Wayne T. DeWitt		<u></u> #		~ <u>\$</u>	
	1788 Riverbirch Hollow				<u></u>	
	Tallahassee, Florida 32308		·			
	· ***		*		Mr. 121 .	
					ا ديوس	
(Use attachment if necessary)		·	<u> </u>		- · · · · ·	
NOTE: An additional article must be	added if an effective date is reque	ested.				
REQUIRED SIGNATURE: Signature of a member or an a	Hollum authorized representative of a member.				·	
(In accordance with section 608 of this document constitutes and that the facts stated herein are tr	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)					

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)

Jane D. Bodkin

Typed or printed name of signee