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04 OCT -5 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

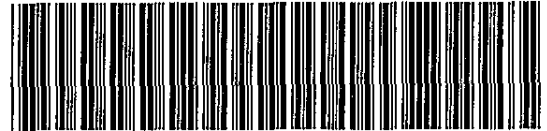
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 OCT -5 PM 3:24

RECEIVED

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

04 OCT -5 PM 3:28

**SUBJECT:** Bodkin Meetings and Conventions, LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Jane D. Bodkin at ( 850 ) 531-8343  
(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

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
04 OCT -5 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

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:**

2563 Capital Circle Medical Boulevard

Tallahassee, Florida 32308

**Mailing Address:**

2563 Capital Medical Boulevard

Tallahassee, Florida 32308

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

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

Jane D. Bodkin

Name

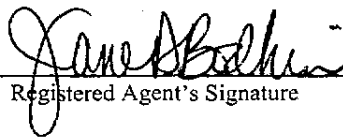
4008 Brandon Hill Drive

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FLORIDA 32309

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..*

  
Registered Agent's Signature

