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DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAM FRANK BOGLE, 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:

WILLIAM FRANK BOGLE
(Name of Person)

WILLIAM FRANK BOGLE
(Firm/Company)

3723 SW 82ND STREET
(Address)

GAINESVILLE, FL 32608
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM FRANK BOGLE at (352) 372-8657
(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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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM FRANK BOGLE, LLC

ARTICLE II - Address:

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

Principal Office Address:

3723 SW 82ND STREET

GAINESVILLE, FL 32608

Mailing Address:

3723 SW 82ND STREET

GAINESVILLE, FL 32608

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

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

WILLIAM FRANK BOGLE

Name

3723 SW 82ND STREET

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

GAINESVILLE, FL 32608

FLORIDA

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..

X William Frank Bogle
Registered Agent's Signature

SECRETARY OF STATE
DIVISION OF CORPORATE &
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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

WILLIAM FRANK BOGLE

3723 SW 82ND STREET

GAINESVILLE, FL 32608

MGRM

LYNDA C BOGLE

3723 SW 82ND STREET

GAINESVILLE, FL 32608

MGRM

MIKELL DIXON

3723 SW 82ND STREET

GAINESVILLE FL 32608

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X William Frank Bogle

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.)

WILLIAM FRANK BOGLE

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS