## 105000006644

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
·
†

Office Use Only



600043786206

01/11/05--01027--020 \*\*(An.00

SECRE LARY OF SIME

## TRANSMITTAL LETTER

	n of Corporations			
SUBJECT:	BONDHUS USG STOCK, LLC	C		
	(Name of Limit	ed Liability Company)	· · · · · · · · · · · · · · · · · · ·	
The enclosed Ar	ticles of Organization and fee(s) are	submitted for filing.		
Please return all	correspondence concerning this matt	er to the following:		
	Kathleen Marie Bondhus			
	(	Name of Person)		
		(Firm/Company)		
	5150 S.W. 60th Place			
		(Address)	<del>.</del>	
	Miami, Florida 33155			
	(City	/State and Zip Code)	<del></del>	
For further inforr	nation concerning this matter, please	call:		
Kathlee	Marie Bondhus	at ( 305 ) 661-22		
	(Name of Person)	(Area Code & Daytime I	Telephone Number)	******
	eck for the following amount:		HAS A	
⊐ \$125.00 Filing	g Fee	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy Cadditional Cadditional Cadditional Copy Cadditional	
	STREET ADDRESS:	MAILING A	ک خو	
	Registration Section Division of Corporations 409 E. Gaines Street	Registration S Division of C P.O. Box 632	orporations 7	
	Tallahassee, Florida 32399	Tallahassee, I	10[ [GR 323 [4	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BONDHUS USG STOCK, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5150 S.W. 60th Place Miami, Florida 33155	5150 S.W. 60th Place Miami, Florida 33155
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	· · · · ·
Kathleen Marie Bondh	
Name	
5150 S.W. 60th Place	
Florida street adde	ess (P.O. Box <u>NOT</u> acceptable)
Miami City, State, as	FL 33155 nd Zip Zig
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appending nert as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 508. For the service of the

(CONTINUED)

<u>litle:</u> MGR" = Manag MGRM" = Manag		Name and Address:	
AGKIVI = Man	aging Member		
MGRM		Marvin J. Bondhus Life Insurance	e Trus
		5150 S.W. 60th Place	
		Miami, Florida 33155	
	<del></del>		
			<del></del>
	<del>-</del>		<del></del>
			<del>-</del> -
se attachment i	f necessary)		
OTE: An addi	tional article must be a	added if an effective date is requested.	
EQUIRED SIG	NATURE:		
	Jusin hill	Stalley	
			<b>5</b> ^
	Signature of a member or	an authorized representative of a member.	
	(In accordance with section	608.408(3), Plorida Statutes, the execution an affirmation under the penalties of periury	SECRETAL ALLAHASA
	(In accordance with section of this document constitutes that the facts stated herein Kathleen Ma	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	第25 57 7 =
	(In accordance with section of this document constitutes that the facts stated herein Kathleen Ma	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	SECRETARY OF SECRETARY

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)