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| (Re | equestor's Name) | |
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| (Ac | idress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| L | · • | • |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: PONER Complete Company) (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: |
| TERRY BOLTR (Name of Person) |
| BoxER Conquier Consulting LLC (Firm/Company) |
| 5364 Bodera Place |
| Dolar D |
| (City/State and Zip Code) Gly/State and Zip Code) |
| For further information concerning this matter, please call: |
| For further information concerning this matter, please call: TEN CU DIVER at 56 638 - 668 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Enclosed is a check for the following amount: |
| \$\sqrt{130.00 Filing Fee & Certificate of Status}\$\$ \$\sqrt{1}\$\$ \$155.00 Filing Fee & Certificate of Status & Certificate of St |
| CTDEET ADDDECG. MAILING ADDDECG. |

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

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| BOXER Computer Consulting UC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 5364 Bodega Place SAME |
| <u> </u> |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature? The name and the Florida street address of the registered agent are: Self State Self Self |
| 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, F.S |

(CONTINUED)

Registered Agent's Signature

| The name and address of each Manager | or Managing Member is as follows: |
|--|---|
| Title: "MGR" = Manager "MGRM" = Managing Member PRES at Charl Expandix Treasure Cheef Operating Office | Name and Address: Seth A Bover & Sold Dover & Delray Beach, A 33484 Terry Bover & Sold Dover & Delray Beach, A 33484 Delray Beach, A 33484 |
| (Use attachment if necessary) NOTE: An additional article must be | added if an effective date is requested. |
| REQUIRED SIGNATURE: | Aug A |
| (In accordance with section of this document constitute that the facts stated here: | n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury or printed name of signee |
| \$125.00 Filing Fee for Articles of Organiza | ation and Designation |

ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)