# W5000024307

(Requestor's Name)		
(Address)		
	,	
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
·		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
3/14		10
		}
  - <del></del>		

Office Use Only



400047729984

HLM

03/14/05--01031--012 \*\*155.00

05/13/14/51/2:30

# COHEN POLLOCK MERLIN AXELROD & SMALL

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
WWW.CPMAS.COM

3350 RIVERWOOD PARKWAY SUITE 1600 ATLANTA, GEORGIA 30339

TELEPHONE: 770 858-1288 FACSIMILE: 770 858-1277

March 11, 2005

VIA FEDERAL EXPRESS Airbill# 7909 4517 3109

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re:

Boone Management, LLC

Our File #22444-1

#### Dear Sir or Madam:

To form a Florida limited liability company, enclosed please find the following:

- (1) The original and a copy of the Articles of Organization of Boone Management, LLC; and
- (2) Our firm's check in the amount of \$155.00, made payable to the Department of State, for filing the Articles of Organization.

Please accept these for filing and, pursuant to the Florida Limited Liability Company Act, issue a Certificate of Organization to the undersigned on behalf of the above limited liability company, and return it to me at your earliest convenience.

Thank you for your assistance with this matter.

Very truly yours,

Madina M. Vanjari

Paralegal

/mmv Enclosures 195731

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BOONE MANAGEMENT, 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:		
MADINA VANJARIA		
(Name of Person)		
COHEN POLLOCK MERLIN AXELROD & SMALL, P.C.		
(Firm/Company)		
3350 RIVERWOOD PARKWAY, SUITE 1600		
(Address)		
ATLANTA, GEORGIA 30339		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MADINA VANJARIA at ( 770 ) 857-4795		
(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

ARTICLE I - Name: The name of the Limited Liability Company is:	
BOONE MANAGEMENT, 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:
329 THOMPSON ROAD	329 THOMPSON ROAD
SANTA ROSA BEACH, FLORIDA 32459	SANTA ROSA BEACH, FLORIDA 32459
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere	, , , , , , , , , , , , , , , , , , , ,
JOSEPH HENDERSON Name	
45 BEAL PARKWAY, NE  Florida street address (P.O. Box NO.	DT acceptable)
FORT WALTON BEACH FLO  City, State, and Zip	ORIDA 32549

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)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM MILLIE E. BOONE 329 THOMPSON ROAD SANTA ROSA BEACH, FLORIDA 32459 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** 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.) JOSEPH HENDERSON 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)