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	(Reque	estor's Name	
	(Addre	ss)	
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	(City/S	tate/Zip/Phon	e #)
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Division of			
SUBJECT:		ABOCA, LLC	
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
		SARET B. RUPPEL	
	(Name of Person)	
		(Firm/Company)	
	,	Firm Company)	
	7620 L/	AUREL VALLEY RD.	
		(Address)	
		MYERS, FL 33912	
	(City	/State and Zip Code)	
For further information	n concerning this matter, please	call:	
	ET B. RUPPEL ne of Person)	at (239) 267-8165 (Area Code & Daytime T	<u></u>
(irai	ne or reason)	(Arca Code & Dayrine 1	ciepitolie Number)
Enclosed is a check	for the following amount:		5
☑ \$125.00 Filing Fe	e	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 filling Fee, Certificate of Status & Certificate of Status & Certificate of Status & (additional Spry is enclosed)
	EET ADDRESS: istration Section	MAILING A Registration S	
Divi 409	sion of Corporations E. Gaines Street habassee, Florida 32399	Division of C P.O. Box 632 Tallahassee, I	orporations FF 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
MABOCA, LLC					
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
7620 LAUREL VALLEY RD.	7620 LAUREL VALLEY RD.				
FORT MYERS, FL 33912	FORT MYERS, FL 33912				
The name and the Florida street address	ess of the registered agent are: ARGARET B. RUPPEL Name				
706					
	7620 LAUREL VALLEY RD. Florida street address (P.O. Box NOT acceptable)				
FORT MYERS, FL 33912					
City, State, and Zip					
liability company at the place desi registered agent and agree to act in the statutes relating to the proper and c	ent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with this provisions of all complete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 1988, F.S.				

(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		
	SEE ATTACHMENT	
	·	
·		
		
		•
(Use attachment if necessary)		
NOTE: An additional article must l	be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Marai	A S Ruspel	
Signature of a member	or an authorized representative of a member.	
(In accordance with sect of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution that tutes an affirmation under the penalties of perjurk	71
	MARGARET B. RUPPEL Sed or printed name of signee	m
	icu oi prinicu name or signee	O
Filing Fees: \$125.00 Filing Fee for Articles of Organ	of printed name of signed OF STATE ORDER Autoration and Designation	
of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		

Attachment: MABOCA, LLC

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

The name and address of each Manager ro Managing Member is as follows:

Name and Address:

MARGARET B. RUPPEL **MGRM**

7620 LAUREL VALLEY RD.

FT. MYERS, FL 33912

ROBERT RUPPEL

7620 LAUREL VALLEY RD.

FT. MYERS, FL 33912

MGRM CAROLINE BLOODWORTH

440 60 AV SO.

ST. PETERSBURG, FL 33705

BURNETT S. BLOODWORTH **MGRM**

> 1411 MARAVILLA AV. FT. MYERS, FL 33901

Title:

MGRM