

LOS000073177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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LOS-73177  
OK

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JUL 26 2005  
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 7, 2005

GABRIELLE KYM BOURNE  
13833 WELLINGTON TRACE E4-156  
WELLINGTON, FL 33414

SUBJECT: BOURNE LEGACY ENTERPRISES, LLC  
Ref. Number: W05000032761

We have received your document for BOURNE LEGACY ENTERPRISES, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The document must contain the names and street addresses of the members or managers of the limited liability company.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 305A00045150

RECEIVED  
JUL 25 AM 11:45  
OFFICE OF THE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bourne Legacy Enterprises, 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:

Gabrielle Kym Bourne  
(Name of Person)

Bourne Legacy Enterprises  
(Firm/Company)

13833 Wellington Trace E4-156  
(Address)

Wellington, FL 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gabrielle Kym Bourne at ( 202 ) 449-2467  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUN 11 2003  
MAIL ROOM

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bourne Legacy Enterprises, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

13833 Wellington Trace E4-156  
Wellington, FL 33414

**Mailing Address:**

13833 Wellington Trace E4-156  
Wellington, FL 33414

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

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

Gabrielle Kym Bourne

Name

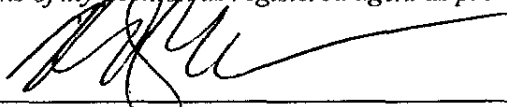
13833 Wellington Trace E4-156

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

Wellington FL 33414

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, F.S.*



Registered Agent's Signature

(CONTINUED)

2005 JUL 25 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

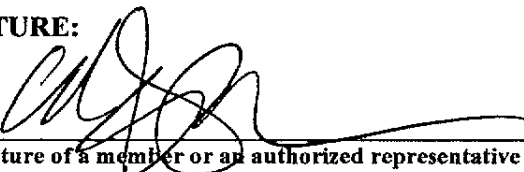
**Name and Address:**

<u>MGRM</u>	<u>Gabrielle Kym Bourne</u>
<u></u>	<u>Wellington Trace E4-156</u>
<u></u>	<u>Wellington, FL 33414</u>
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(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.)

Gabrielle Kym Bourne

Typed or printed name of signee

**Filing Fees:**

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

RECEIVED  
JUL 25 11:45  
SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-25-2011 BY 60322