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M. HODGES

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TRANSMITTAL'LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Boatwright Enter	d Liability Company)	
The enc	closed Articles of Organization and fee(s) are st	abmitted for filing.	
Please r	eturn all correspondence concerning this matte	r to the following:	
	Cy M Boatwright	Name of Person)	
	Boatwright Enterpr	Se LLC Firm/Company)	
	83 South Roscoe	Blud (Address)	
	Palm Valley, Fl.	32082	
For furt	her information concerning this matter, please	call:	
<u>C</u> ∤	Boatwright (Name of Person)	at (904) 285 - (Area Code & Daytime Tel-	5889 ephone Number)
Enclos	ed is a check for the following amount:		
\$125	.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING AI Registration Se Division of Co P.O. Box 6327	ction rporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

South Roscoe Blyd.

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

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)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) 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)