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To:

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Fax Number : (850) 205-0383

From:

Account Name : LAW OFFICE OF KENT A. SKRIVAN, PLLC
Account Number : I20040000145
Phone : (239) 597-4500
Fax Number : (239) 597-5623

LIMITED LIABILITY COMPANY

Bozo Pro, L.L.C.

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
BOZO PRO, L.L.C.**

The undersigned acting as organizer of BOZO PRO, L.L.C., under the Florida Limited Liability Company Act, adopts the following Articles of Organization for said limited liability company.

**ARTICLE I
NAME**

The name of the limited liability company shall be BOZO PRO, L.L.C., (the "L.L.C.")

**ARTICLE II
DURATION**

This L.L.C. shall exist perpetually, unless dissolved according to law.

**ARTICLE III
PURPOSE**

The L.L.C. is organized pursuant to the Florida Limited Liability Company Act for the purpose of conducting any lawful activity.

**ARTICLE IV
BUSINESS ADDRESS/MAILING ADDRESS**

The address of the place of business of the L.L.C. shall be 102 Tall Pine Lane #1106, Naples, Florida 34105. The mailing address of the L.L.C. shall be 102 Tall Pine Lane #1106, Naples, Florida 34105.

**ARTICLE V
REGISTERED AGENT**

The name and address of the L.L.C.'s initial registered agent and registered office is Kent A. Skrivan, Esq., 801 Laurel Oak Drive, Suite 705, Naples, Florida 34108.

**ARTICLE VI
DISSOLUTION, CONTINUATION**

The members shall have the right to continue the L.L.C. upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the membership of a member in the L.L.C.

**ARTICLE VII
MANAGEMENT**

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The LLC, is to be managed by a Manager. The name and address of the Initial Manager is:

Peter McGennis
102 Tall Pine Lane #1106
Naples, Florida 34105

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed this 13th day of September, 2005.

By: [Signature]
PETER MCGENNIS, Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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In accordance with Section 608.408(b)(3), Florida Statutes the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

STATE OF New York)
COUNTY OF ERIE) ss.

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized to take acknowledgments, personally appeared Peter McGennis known to me to be the person described in and who executed the foregoing Articles of Organization of BOZO PRO, L.L.C. Peter McGennis is X personally known to me or has produced no identification.

WITNESS my hand and official seal in the County and State named above, this 13th day of September, 2005.

[Signature]
Notary Public
My Commission Expires:

KATHLEEN M. AMENO
Notary Public, State of New York
Qualified in Niagara County
My Commission Expires May 31, 20 06

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/RESISTERED OFFICE**

In compliance with Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office, in the State of Florida:

1. The name of the Limited Liability Company is BOZO PRO, L.L.C.
2. The name and address of the registered agent and registered office is:

Kent A. Skrivan, Esq.
The Law Offices of Kent A. Skrivan, PLLC
801 Laurel Oak Drive, Suite 801
Naples, Florida 34108
(239) 597-4500

By: 
Peter McGennis, Organizer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 13 AM 10:10

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ACCEPTANCE:

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 relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.


Kent A. Skrivan

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