

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : NATIONAL REGISTERED AGENTS, INC.  
Account Number : I20030000062  
Phone : (609) 716-0300  
Fax Number : (609) 716-0820

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05 NOV 17 AM 10:07

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DIVISION OF CORPORATION

05 NOV 17 PM 2:00

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## LIMITED LIABILITY COMPANY

## BOCARENTALS LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BOCARENTALS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

323 Cardinal Avenue

Boca Raton, FL 33486

**Mailing Address:**

323 Cardinal Avenue

Boca Raton, FL 33486

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

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

Alexander Di Musto

Name

323 Cardinal Avenue

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

Boca Raton

FLORIDA 33486

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, Florida Statutes.*

Alexander Di Musto

By: 

Registered Agent's Signature

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**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:**

MGRM

Alexander Di Musto

323 Cardinal Avenue

Boca Raton, FL 33486

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(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.)

Alexander Di Musto

Typed or printed name of signer

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**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 3.00 Certificate of Status (Optional)