

**L06000068604**

**Florida Department of State  
Division of Corporations  
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From:

Account Name : KNOTT, CONSOER, EBELINI HART & SWETT, P.A.  
Account Number : 072100000455  
Phone : (239) 334-2722  
Fax Number : (239) 334-1446

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**BED VENTURE ONE, L.L.C**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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July 10, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KNOTT CONSOER EBELINI

SUBJECT: BED VENTURE ONE, L.L.C.  
REF: W06000030486

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Gina McLeod  
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FAX Aud. #: H06000174547  
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DIVISION OF CORPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION**  
**OF**  
**BED VENTURE ONE, LLC**

The undersigned, for the purposes of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge and file the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be BED Venture One, LLC ("Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal place of business of the Company in Florida shall be 27499 Riverview Center Boulevard, Suite 3-A, Bonita Springs, Florida 34134.

**ARTICLE III - DURATION**

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company's existence shall be perpetual.

**ARTICLE IV - PURPOSES AND POWERS**

The general purpose for which the Company is organized is to conduct and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to limited liability company under the laws of the State of Florida.

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TALLAHASSEE, FLORIDA  
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**ARTICLE V - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent and office of the Company in the State of Florida is Shon C. Boyd, 27499 Riverview Center Boulevard, Suite 3-A, Bonita Springs, Florida 34134.

**ARTICLE VI - CAPITAL CONTRIBUTIONS**

The members of the Company shall contribute to the capital of the Company the amounts set forth below beside their respective names:

<u>Name and Address of Member</u>	<u>Capital Contribution</u>	<u>Initial Member Percentage Interest</u>
The Boyd Group, LLC 27499 Riverview Center Boulevard, Suite 3-A Bonita Springs, Florida 34134	\$700.00	70.0%
Kathleen Diciaccio 2801 S.W. 46 <sup>th</sup> Terrace Cape Coral, Florida 33914	\$300.00	30.0%

**ARTICLE VII - ADMISSION OF NEW MEMBERS**

No additional members shall be admitted to the Company except with the consent and approval of The Boyd Group, LLC and upon such other terms and conditions as shall be determined solely by The Boyd Group, LLC.

**ARTICLE VIII - MEMBERS' RIGHT TO CONTINUE BUSINESS**

The members of the limited liability company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

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**ARTICLE IX - MANAGEMENT**

The Company shall be managed by a manager whose name and address is:

Name

Address of Member

06/21/2016 10:38:44 AM 2105621574  
The Boyd Group, LLC

27499 Riverview Center Boulevard, Suite 3-A  
Bonita Springs, Florida 34134

004/067

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledge them to be our act this 15<sup>th</sup> day of June, 2006.

**ARTICLE IX - MANAGEMENT**

The Company shall be managed by  whose name and address is:

The Boyd Group, LLC, Member

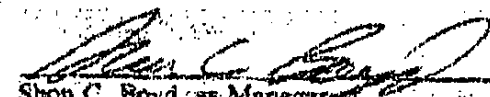
Name

Address of Member

The Boyd Group, LLC

27499 Riverview Center Boulevard, Suite 3-A  
Bonita Springs, Florida 34134  
  
Kathleen DiCiccio, Member

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledge them to be our act this 15<sup>th</sup> day of June, 2006.

  
Shon C. Boyd, as Manager of  
The Boyd Group, LLC, Member

Kathleen DiCiccio, Member

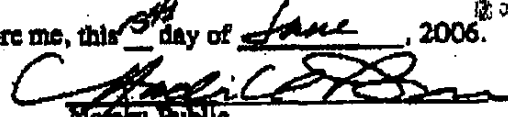
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STATE OF FLORIDA )  
 ) SS  
COUNTY OF LEE )

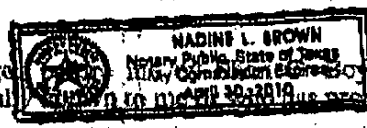
The foregoing instrument was acknowledged before me by Shon C. Boyd, as Manager of The Boyd Group, LLC, who is personally known to me or who has produced a FLORIDA DL# as identification.

08/21/2013 19:35:44 ~~08/21/2013 19:35:44~~ SWORN AND SUBSCRIBED TO before me, this 31<sup>st</sup> day of June, 2006. 0051007

  
Notary Public

NADINE L. BROWN  
Printed Name

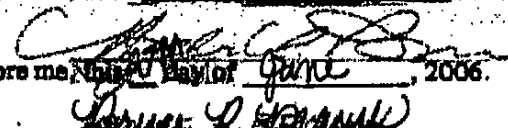
My Commission expires:  
STATE OF FLORIDA )  
 ) SS  
COUNTY OF LEE )  
STATE OF FLORIDA )



The foregoing instrument was acknowledged before me by Shon C. Boyd, as Manager of The Boyd Group, LLC, who is personally known to me or who has produced a FLORIDA DL# as identification.

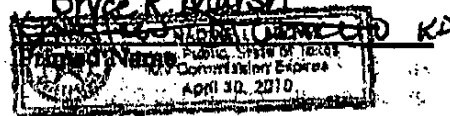
The foregoing instrument was acknowledged before me by Kathleen Diciaccio, who is personally known to me or who has produced a Drivers License, 2006 as identification.

SWORN AND SUBSCRIBED TO before me, this 31<sup>st</sup> day of June, 2006.  
My Commission expires:

  
Notary Public

Bruce L. Frank  
Printed Name

My Commission expires: Nov. 13, 2009  
STATE OF FLORIDA )



The foregoing instrument was acknowledged before me by Kathleen Diciaccio, who is personally known to me or who has produced a Drivers License, 2006 as identification.

SWORN AND SUBSCRIBED TO before me, this \_\_\_ day of \_\_\_, 2006.

My Commission expires:  
Notary Public  
Printed Name

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **BED Venture One, LLC.**

2. The name and address of the registered agent and office is:

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

**27499 Riverview Center Boulevard, Suite 3-A  
Bonita Springs, Florida 34134**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, I, **Shon C. Boyd**, ~~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.~~

2. The name and address of the registered agent and office is:

Dated: June 15, 2006

**Shon C. Boyd  
27499 Riverview Center Boulevard, Suite 3-A  
Bonita Springs, Florida 34134**

**Shon C. Boyd**

*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.*

Dated: June 15, 2006

**Shon C. Boyd**

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