## W4000177703

(Po	questor's Name)			
(re	questors (varie)			
(6.1	des \			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certified Copies Certificates of Status			
Special Instructions to I	Filing Officer:			
	•			
,				
	,			

Office Use Only



000082667440

12/26/06--01022--017 \*\*125.00

DOG DEC 26 PM 1: 41
SECRETARY OF STATE

COU () 203

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BOHAN INTERNATIONAL Ltd. Co (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:	
GENG WANG (Name of Person)	
BOHAN INTERNATIONAL Ltd. Co	
P. O. Box 47044	
TAMPA , FL-33647	
(City/State and Zip Code)  For further information concerning this matter, please call:	
For further information concerning this matter, please call:	in and the second se
GENG WANG at 813 767-567 = (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

INTERNATIONAL Ltd. Co

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limite	a Company" or their appreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17701 GR	egistered agent are:  ANG  EY EAGLE Rd.  ress (P.O. Box NOT acceptable)  FL 33647

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 (REQUIRED)

(CONTINUED) Page 1 of 2 EFFECTIVE DATE

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ger naging Member	Name and Address:		
MGRM		GENG WANG P.O. Box 47044 TAMPA , FL-3364-	<del></del>	
	<u> </u>			
(Use attachment	date, if other than the dat	e of filing: January 8th, 200	(OPTION/	AL)
If an effective date is li o or 90 days after the d <u>REQUIRED</u> SI	sted, the date must be sp late of filing.)	ecific and cannot be more than five bu	SECRET ALLAHA	
	F	· //_	Y OF STATE	
	(In accordance with section	an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)	DE !	
	Typed	or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)