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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATEMENT OF JAN 29 PH 2: 21

JAN 3 0 2007

COVER LETTER

	stration Se sion of Co	ection rporations			
SUBJECT:	AUG	IE MY BOY, LLC			
_	·	(Name of Limite	d Liability Company)		
The enclosed	Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return a	all corresp	ondence concerning this matte	er to the following:		
Robe	ert H.	Reynolds			
		(Name of Person)		
Robe	ert H.	Reynolds, PC			
			(Firm/Company)		O. DIV
P 0	Box 28	365			07 JAN 29 PH 2: 2
			(Address)		29
Peac	chtree	City; GA 30269			PH
		(City	/State and Zip Code)		-25
For further inf	formation	concerning this matter, please	call:		21
Robert H.			_at ()487-10)59 	-
	(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a	check fo	or the following amount:			
□ \$125.00 Fi	ling Fee	X \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AUGIE MY BOY,	ur		
	·	mited Company" or their abbreviation "LLC," or "L.	. c.,)
ARTICLE II - Add The mailing address		principal office of the Limited Liability	y Company is:
Principal Office Ad	dress:	Mailing Address:	밀
4400 4			
1108 Angelo Ave	÷.	Same	on wish
1108 Angelo Ave Lehigh Acres, F		Same	955686 67 CO 107 JAN 29
ARTICLE III - Req The Limited Liability Con business entity with an acc	L 33971 pistered Agent, Register appry cannot serve as its own Re	red Office, & Registered Agent's Sign gistared Agent. You must designate an individual or	esture: 🙄 😤
ARTICLE III - Req (The Limited Liability Con business entity with an acc	gistered Agent, Register apany cannot serve as its own Re- dve Florida registration.) orida street address of th	red Office, & Registered Agent's Sign gistared Agent. You must designete an individual or se registered agent are:	OT JAN 29 PH 2: 21
ARTICLE III - Req (The Limited Liability Con business entity with an acc	pistered Agent, Register apany cannot serve as its own Red dve Florida registration.) orida street address of the SHARON GOULD	red Office, & Registered Agent's Sign gistered Agent. You must designate an individual or se registered agent are:	SECRE OF CORPORT
ARTICLE III - Req (The Limited Liability Con business entity with an acc	pistered Agent, Register apany cannot serve as its own Red dve Florida registration.) orida street address of the SHARON GOULD Nati	red Office, & Registered Agent's Sign gistered Agent. You must designate an individual or se registered agent are:	OT JAN 29 PH 2: 21

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

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

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

MGRM	Vincent Wolczek	·
	4315 Murfield Dr. Bradenton, FL 34203	
MGRM	Robert Gould	
	1108 Angelo÷A∜e.	
	Lehigh Acres, FL 33971	
MGRM	Sharon Gould	
	1108 Angelo Ave. Lehigh Acres, FL 33971	
	Lenigh Acres, 12 33371	ر 07
		JAN 29
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(Use attachment if necessary)		
LE V: Effective date, if other than th	e date of filing: (O	
ffective date is listed, the date must	be specific and cannot be more than five busi	ness days p
days after the date of filing.)		
days after the date of filing.)		

Filing Fees:

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

that the facts stated herein are true.)
Robert H. Reynolds, Attorney

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee