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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
ALL AMASSEE ELORDO



## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Boyd		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
Janine	Talley		,
		Name of Person)	
Boyd J. A	lan, LLC		
	(	Firm/Company)	
5700 Hig	h Flyer Road, S	outh	
		(Address)	
Palm Be	ach Gardens, F	I 33418	,
1 4111 100		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Janine Talley		at (561 ) 626-39	54
	of Person)	(Area Code & Daytime Te	
	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Boyd J. Alan, LLC	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5700 High Flyer Road, South Palm Beach Gardens, FL 33418	5700 High Flyer Road, South Palm Beach Gardens, FL 33418
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Janine Talley	SSI 4 LE
Name	SEEF, ED
5700 High Flyer Road, Florida street add	South  South  South  South  SEE, FLORD  SE
Palm Beach Gardens, City, State, a	FL 33418 nd 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, F.S..

gistered 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:

"MGR" = Manager	
"MGRM" = Managing Member	
· ·	Janine Talley
	5700 High Flyer Road, South
	Palm Beach Gardens, FL 33418
MGRM	Janine Talley
	5700 High Flyer Road, South
	Palm Beach Gardens, FL 33418
	<del></del>
(Use attachment if necessary)	
`	on the data of filing: (ODTIONAL)
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CLE V: Effective date, if other that effective date is listed, the date model of days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a model of this document	nember or an authorized representative of a member.  vith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)

Filing Fees:

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

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