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(Request	or's Name)	
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PICK-UP	WAIT	MAIL.
(Business	s Entity Name)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Boehm & Boehm Forensic Media Consulting LLC	_	
(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:		
Florian Boehm		
(Name of Person)		
Boehm & Boehm Forensic Media Consulting LLC		
(Firm/Company)		
5036 Dr Philips Blvd Suite 155	07	01V13
(Address)	DEC	SICRE
Orlando FL 32819	-	of C
(City/State and Zip Code)	12	ORP(
For further information concerning this matter, please call:	07 DEC -7 AHII: 45	RY OF STATE CORPORATIONS
Florian Boehm _{at} 407 , 4058483		0,
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & } \sum \text{\$155.00 Filing Fee & } \sum \text{\$160.00 Filing Fee & } \text{\$Certificate of Status}\$		

Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	C1	E	1 _ 1	Nam	۵.
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The name of the Limited Liability Company is:

Boehm & Boehm Forensic Media Consulting LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
12861 Madison Pointe Cir Apt 101	5036 Dr Philips Blvd Suite 155	<u></u>	
Orlando FL 32821	Orlando FL 32819	· · · · · · · · · · · · · · · · · · ·	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	ristered Office, & Registered Agent's Sig	nature: or another	DIV.
The name and the Florida street address	2	OEC 1	10181 10181
Florian Boehr		0 -	유물기
40004.14	Name		CORK CORK
	on Pointe Cir Apt 101	=	F ST
Orlando, 3282	street address (P.O. Box <u>NOT</u> acceptable) 21 FL	AM 11: 45	FATE ATIONS
City	, State, and Zip		0,

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 Signature (REQUIRED)

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

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

MGR	Florian Boehm	
	12861 Madison Pointe Cir Apt 101 Orlando FL 32821	
	Orlando FL 32821	
		07
		<u> </u>
		١,
(Use attachment if necessary)		
I TO NA - COCCARO STATE OF CARLES AND ALL	ta cer	
LE v: Enecuve date, it other than the fective date is listed, the date must be	date of filing: (OPT	HUNAL
days after the date of filing.)	specific and cannot be more than five busine	ess days
•		

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.)

Florian Boehm

Typed or printed name of signee

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)