1080000004449

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400114626174

01/15/08--01002--006 **160.00

DIF THE CONTROL STATE

08 JAN 14 PH 3: 25

T. CLINE

JAN 14 2008

EXAMINER

08 JAN 14 PM 3: 28 SECRETARY OF STAT ALLAHASSEE, FLORI

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE BOSMAN COMPANY L.L.C.
(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:
Henry C. Bosman (Name of Person)
(Name of Person)
(Firm/Company)
4624 RAMSGATE DR
TALLAHASSEE FL 32309 (City/State and Zip Code)
(Cityrotate and Zip Code)
For further information concerning this matter, please call:
Henry C. Bosman at (850) 668-1597 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Circuiter Address Registration Section Division of Corporations Division

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
THE BOSMAN COMPANY L. L. C. (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:
TALLAHASSEE, FL 32309
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
David K. Sigerson, Jr, Esa.
Strong Street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box <u>NOT</u> acceptable)
Hollywood FL 33020 City, State, and 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.
Registered Agent's Signature (REQUIRED)
SERY SERY SERY SERY SERY SERY SERVICES IN

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	HENRY C BOSMAN 4624 RAMSGATE DR TALLAHASSEE FL 30309
(Use attachment if necessary)	
CICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
an effective date is listed, the date must b or 90 days after the date of filing.)	oe specific and cannot be more than five business days

REQUIRED SIGNATURE:

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.)

Henry C. BOSMAN

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)