

L0800008/303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

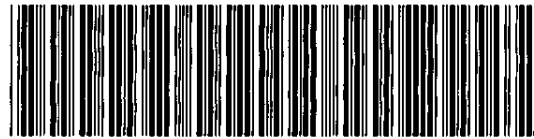
Special Instructions to Filing Officer:

A. LUNT

AUG 26 2008

EXAMINER

Office Use Only



400134458344

08/26/08--01003--013 **125.00

FILED RECEIVED
2008 AUG 26 P 2:04
08 AUG 26 AM 11:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

8/26/2008

CK ENCLOSED FOR : \$125.00

Ck # 6188

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- Bogies, LLC

2- _____

3- _____

4- _____

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
xxx	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials jac

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

BOGIES, LLC

ARTICLE I - NAME

The name of the corporation is Bogies, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 9758 SE 174th Place Road, Summerfield, FL 34491

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Brett L. Swigert, P.A.
1231 CR 452
Eustis, FL 32726

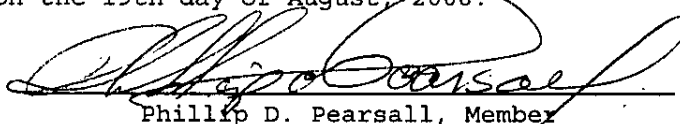
Having been named as registered agent and to accept service on behalf of the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

ARTICLE IV - COMPANY TYPE

The company is to be a member managed company.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization on the 19th day of August, 2008.


Phillip D. Pearsall, 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.)

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TALLAHASSEE, FLORIDA