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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

FLORIDA/FOREIGN LIMITED LIABILITY CO.

**Bonefish Technology LLC** 

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

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SECRETARY OF STATE TABLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |   |     |  |  |
|--|---|-----|--|--|
| The name of the Limited  | Jability Company is:  |     |  |  |
|  | Bonefish Technology LLC.  th the words "Limited Liability Company," "LLC.," or "LLC."   |     |  |  |
| (Must end s  | h the words "Limited Lishlity Company," "L.J.C.," or "J.J.C.")  |     |  |  |
| ARTICLE II - Address The mailing address and                                     | TICLE II - Address:<br>c mailing address and street address of the principal office of the Limited Liebility Company is:  |     |  |  |
| Principal Office Addres  | : Mailing Address:  |     |  |  |
| 1530 Cypress Drive<br>Jupiter, FL, 33489   | 1530 Cypross Drive<br>Jupiter, EL 33469   |     |  |  |
| (The Limited Liability Company<br>business entity with an active F               | atreet address of the registered agent are:   |     |  |  |
| <del></del>  | Ronald Chamow Name  |     |  |  |
|  | 1530 Cypress Drive  |     |  |  |
| 1  | orida street address (P.O. Box NOT neceptable)  |     |  |  |
|  | Jupiter . B. FL 33469 City, State, and Zip  |     |  |  |
|  | City, State, and Zip  |     |  |  |
| liability company at the registered agent and agent and agent and agent at the j | gistered agent and to accept service of process for the above stated limit<br>i place designated in this certificate, I hereby accept the appointment as<br>to act in this expacity. I further agree to comply with the provisions of<br>oper and complete performance of my duties, and I am familiar with an<br>of my position as registered agent as provided for in Chapter 608, F.S. | all |  |  |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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| Tilles "MGR" → Manager "MGRM" = Managing M   | Name and Address:   |
|--|---|
| MGR  |   |
| MOR  | Ronald Chemow   |
|  | 1530 Cypress Drive<br>Jupiter, FL 33469   |
| MGR  | Daniel Seymour  |
|  | 1530 Cypress Drive  |
|  | Jupiter, Ft. 33469  |
| MGR  | David Chemow  |
| •  | 1530 Cypress Ddva   |
|  | kipiter, FI 33469   |
| MGR  | Andrew Chemow   |
|  | 1590 Cypress Drive  |
|  | Juniter, FL 33469   |
| (Use attachment if necess  | sary)   |
| LE V: Effective date, if a<br>ffective date is listed, the<br>I days after the date of fil             | other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five husiness days prior ling.)   |
| TLE V: Effective date, if a fective date is listed, the I days after the date of fil REQUIRED SIGNATI  | other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five husiness days prior ling.)   |
| TLE V: Effective date, if a ffective date is listed, the I days after the date of fil REQUIRED SIGNATU | other then the date of filing:  date must be specific and cannot be more than five husiness days prior ling.)  URE:   |
| TLE V: Effective date, if a ffective date is listed, the I days after the date of fil REQUIRED SIGNATU | cher then the date of filing:  date must be specific and cannot be more than five husiness days prior ling.)  JRE:  The of a pleasure or an authorized representative of a member.  Ardance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of pertury |