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(Requestor's Name)

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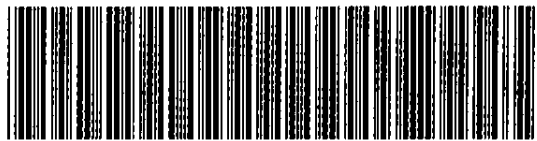
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 29 2009
EXAMINER



200162129282

10/28/09--01028--013 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 OCT 28 PM 1:32

CHRISTOPHER G. BOUNDS
9839 Sun Point Drive
Boynton Beach, Florida 33437

Telephone: (561) 797-0013

October 27, 2009

FLORIDA DEPARTMENT OF STATE

Divisions Of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Attn: Registration Section

Re: *Registration of "**BOUNDS & COMPANY, LLC**", a Florida limited liability company*

Gentlemen:

We enclose in connection with the above referenced matter:

- a. Cover Letter;
- b. Our Check Number 447, dated October 26, 2009, payable to the Florida Department Of State in the amount of \$155.00, representing the required filing fee in this matter; and
- c. Two (2) duplicate original fully executed copies of ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

We kindly request you cause the enclosed ARTICLES OF ORGANIZATION FOR BOUNDS & COMPANY, LLC to be filed among the official records of the Florida Department of State - Division of Corporations, and request that the second duplicate original fully executed copy be filed stamped and returned to the undersigned in the enclosed self-addressed stamped envelope.

Should you have any questions, whatsoever, please contact the undersigned at (561) 797-0013; otherwise, thanking you again for your kind attention in this matter, we remain

Very truly yours,



Christopher G. Bounds

LLA:ch
Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bounds & Company, 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:

Christopher Glen Bounds

Name of Person

Bounds & Company, LLC

Firm/Company

9839 Sun Point Dr.

Address

Boynton Beach, FL 33437

City/State and Zip Code

bounds@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick J. Burns, Jr.

Name of Person

at (310) 275-7300

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bounds & Company, 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:

9839 Sun Point Dr.
Boynton Beach, FL 33437

Mailing Address:

9839 Sun Point Dr.
Boynton Beach, FL 33437

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:

Christopher Glen Bounds

Name

9839 Sun Point Dr.

Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach 33437 FL

City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 28 PM 1:33

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)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Christopher Glen Bounds

9839 Sun Point Dr.

Boynton Beach, FL 33437

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Christopher Glen Bounds, Managing Member

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)

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 27th day of October, 2009, by **CHRISTOPHER G. BOUNDS**, to me personally known or who produced the following identification _____, and who acknowledged before me that they executed the foregoing instrument and that an oath was not taken.

Witness my hand and official seal in the County and State last aforesaid this 27th day of October, 2009.

NOTARY PUBLIC

Printed Name: Larry L. Adair

My Commission Expires: 12/23/2010

