

L10000009221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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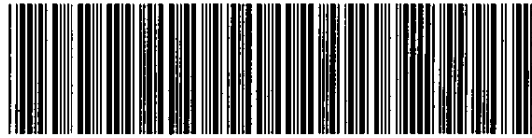
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Effective Date 02/01/10

01/25/10--01008--022 **125.00

FILED
10 JAN 25 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 26 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boggess Consulting Group, 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:

Kimberly Smith

Name of Person

Axos Technologies, Inc.

Firm/Company

1936 Bruce B Downs Blvd, Suite 325

Address

Wesley Chapel, Florida 33544

City/State and Zip Code

kim@axostech.net

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

For further information concerning this matter, please call:

Kimberly Smith

Name of Person

at (813)

966-2705

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bogges Consulting Group, 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:

8875 Hidden River Parkway
Suite 300
Tampa, FL 33637

Mailing Address:

c/o Axos Technologies, Inc.
1936 Bruce B Downs Blvd, #325
Wesley Chapel, FL 33544

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.)

Effective Date 02/01/10

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

David M. Smith

Name

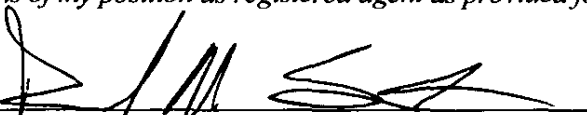
1936 Bruce B Downs Blvd, #325

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

Wesley Chapel, FL 33544

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)

(CONTINUED)

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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:

Managing Member

David M. Smith

1936 Bruce B Downs Blvd #325

Wesley Chapel, FL 33544

Member

Quy Le

6921 N. Clearview Avenue

Tampa, FL 33614

Member

Kimberly Smith

1936 Bruce B Downs Blvd #325

Wesley Chapel, FL 33544

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 1, 2010 . (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.)

David M. Smith

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)