

L10000044145

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000097678 3)))



H100000976783ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FILED
10 APR 26 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

10 APR 26 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
BON Investments, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
10 APR 26 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

BON Investments, LLC

ARTICLE I

Name:

The name of the Limited Liability Company is:
BON Investments, LLC

ARTICLE II

Address:

The mailing address and street address of the
principal office of the Limited Liability Company is:

8736 Austin Street
Ft. Myers, FL 33907

ARTICLE III

**Registered Agent, Registered Office and Registered Agent's
Signature:**

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

Name: CT Corporation System

Address: 1200 South Pine Island Road
Plantation, Florida 33324

*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..*

By: Madonna Cuddihy
Registered Agent's
Signature
Madonna Cuddihy
Special Assistant Secretary

ARTICLE IV

Manager:

The name and address of the Manager is as follows:

Name: Courtney L. Black
Address: 8736 Austin Street
Ft. Myers, FL 33907
Title: Manager

ARTICLE V

Effective Date:

The effective date of the Articles of Organization
is the same as the date of filing.

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.

By: Courtney L. Black
Authorized Representative
of Member

Courtney L. Black
Typed or printed name of Authorized
Representative of the Member

FILED
10 APR 26 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA