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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ORIGINAL ANASSEF, FI ORIG

J. BRYAN

JUL 14 2011

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: bordex,llc.	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing. tter to the following:
	P W
Please return all correspondence concerning this ma	tter to the following:
ania hannaan	7.0
eric borman	Name of Person
	Name of Person
bordex,llc.	4.
	Firm/Company
.	
641 cervina dr s	
	Address
venice, fl., 34285	
	ty/State and Zip Code
borman_e@yahoo.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
eric borman	at (941) 244-8615
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee &}\$	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
bordex,llc.	any is: ad Liability Company, "L.L.C.," or "LLC.") The principal office of the Limited Liability Company is
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
. D. W. C. T. W	Mag 3
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
641 cervina dr s	641 cervina dr s
venic, fl 34285	venice, fl 34285
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address o	f the registered agent are:
eric borman	
	Name
641 cervina d	rs
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)
venice,	_{FL} 34285
	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 (REOUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	Hows:
mgr	eric borman	550
<u>.a.</u>	641 cervina dr s	<u> </u>
	venice fl 34285	63

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LE V: Effective date, if other than the	date of filing:	(OPTION
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LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.)	date of filing:e specific and cannot be more the	(OPTION an five business da
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE:	date of filing:e specific and cannot be more the	(OPTION. an five business da
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