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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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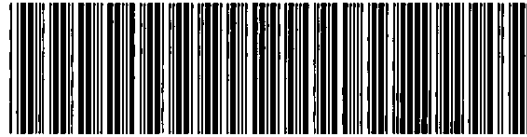
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

SEP 13 2011

EXAMINER

CHRISTOPHER G. BOUNDS  
3301 S. Ocean Blvd, #103  
Highland Beach, FL 33487

Telephone: (561) 797-0013

September 8, 2011

**FLORIDA DEPARTMENT OF STATE**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attn: Registration Section

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

Gentlemen:

We enclose in connection with the above referenced matter:

- a. Cover Letter;
- b. Our check number 138, dated 09/08/11, payable to the Florida Department of State in the amount of \$125.00, representing the required filing fee in the matter; and
- c. Two (2) duplicate original fully executed copies of the ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

We kindly request you cause the enclosed ARTICLES OF ORGANIZATION FOR BOUNDS INVESTMENTS, LLC to be filed among the records of the Florida Department of State - Division of Corporations, and request that a 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

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bounds Investments, 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 Bounds

Name of Person

Bounds Investments, LLC

Firm/Company

3301 S. Ocean Blvd #103

Address

Highland Beach, FL 33487

City/State and Zip Code

cbounds@boundsinvestments.com

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

For further information concerning this matter, please call:

Christopher Bounds

Name of Person

at ( 561 ) 797-0013

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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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Bounds Investments, 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:**

3301 S. Ocean Blvd #103  
Highland Beach, FL 33487

**Mailing Address:**

3301 S. Ocean Blvd #103  
Highland Beach, FL 33487

**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

3301 S. Ocean Blvd #103

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

Highland Beach FL 33487

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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TALLAHASSEE, FLORIDA

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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:**

MGRM

Christopher G. Bounds

3301 S. Ocean Blvd #103

Highland Beach, FL 33487

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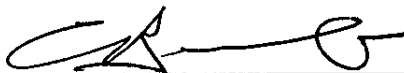
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(Use attachment if necessary)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**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)**

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TALLAHASSEE, FLORIDA

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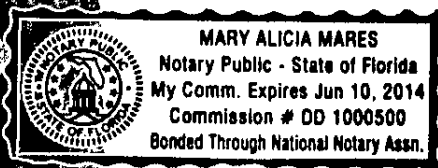
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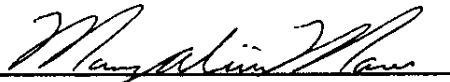
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 8th day of September, 2011, by  
CHRISTOPHER G. BOUNDS, to me personally known or who produced the following identification  
Known, and who acknowledged before me that they executed the foregoing  
instrument and that an oath was not taken.

2011 Witness my hand and official seal in the County and State last aforesaid this 8th day of September,



My Commission Expires:

  
NOTARY PUBLIC  
Printed Name: Mary Alicia Mares

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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