

L11000108142

**Florida Department of State
Division of Corporations
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(((H11000231284 3)))



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

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Account Name : HUBCO
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TALLAHASSEE, FLORIDA

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

Email Address: bonbonmurphy@gmail.com

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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
BonBon Boots, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

N. Culligan SEP 22 2011

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H11000231284

ARTICLE I - Name

The name of the Limited Liability Company is: **BonBon Boots, LLC**

ARTICLE II - Address

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

Principal Office Address:169 Tequesta DriveTequesta, FL 33469Mailing Address:169 Tequesta DriveTequesta, FL 33469

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Bonnie Murphy

Name

169 Tequesta Drive(P.O. Box or Mail Drop Box NOT Acceptable)Tequesta, FL 33469

(City / State / Zip)

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TALLAHASSEE, FLORIDA

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 - Bonnie Murphy

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

H11000231284

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

Title:

Name and Address:

"MGR" - Manager

"MGRM" = Managing Member

MGR

Bonnie Murphy - 169 Tequesta Drive, Tequesta, FL 33469

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Bonnie Murphy

Typed or printed name of signee

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