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(Re	equestor's Name)	
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status

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A. LUNT

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EXAMINER

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: BETTER TO BOOT, LL	_C
Name of Limite	ed Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
RICHARD M. KNELLING	
	Name of Person
RICHARD M. KNELLINGER, P.A.	
	Firm/Company
2815 NW 13TH STREET, 9	SUITE 305
	Address ST & ST
GAINESVILLE, FLORIDA 326	Total Control of the
·	y/State and Zip Code
KNELLINGER@BELLSOUTH.N	
	or future annual report notification)
For further information concerning this matter, please	call:
RICHARD M. KNELLINGER	at (352) 373-3334
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
7\\$125.00 Filing Fee \(\text{S130.00 Filing Fee & Certificate of Status} \)	\$155.00 Filing Fee & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BETTER TO BOOT, 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:

Mailing Address:

6093 SABAL BROOK WAY

PORT ORANGE, FLORIDA 32128

6093 SABAL BROOK WAY PORT ORANGE, FLORIDA 32128

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:

GAIL GREEN

Name

6093 SABAL BROOK WAY

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

PORT ORANGE

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM **GAIL GREEN** 6093 SABAL BROOK WAY PORT ORANGE, FLORIDA 32128 (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.)

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)