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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration of	n Section Corporations		
SUBJI	ECT: 1319	9 W New Hampshi	re, LLC.	
3020		Name of Limit	ed Liability Company	12 HAR
				₹
The en	closed Articles	s of Organization and fee(s) are	submitted for filing.	
Please	return all corre	espondence concerning this mat	ter to the following:	ें के
			J	•
	Richard	E. Bosserman		
			Name of Person	
			Firm/Company	
	125-A E	ast Marks Street		
			Address	
(Orlando F	Florida 32803		
	<u> </u>		y/State and Zip Code	
	rebossern	nan@gmail.com		
,		E-mail address: (to be used to	for future annual report notification)	
For fur	ther information	on concerning this matter, please	e call:	
Rich	ard E. Bos	serman	at (407) 234-4270	
	Nan	ne of Person	Area Code & Daytime Telephon	e Number
	sed is a check Filing Fee	for the following amount: \$130.00 Filing Fee &	\$155.00 Filing Fee & \$1\$	60.00 Filing Fee,
[V] 9 123.00	or ming rec	Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	ertificate of Status & ertified Copy dditional copy is enclosed)
		Mailing Address	Street/Courier Address	
		Mailing Address Registration Section	Street/Courier Address Registration Section	
		Division of Corporations	Division of Corporations	
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
		- ,	Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP

ARTICLE I - Name:

The name of the Limited Liability Company is:

1319 W New Hampshire, 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:
125-A East Marks Street	125-A East Marks Street
Orlando Florida 32803	Orlando Florida 32803

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:

Richard E. Bosserman	
Name	<u> </u>
125-A East Marks	Street
Florida street add	ress (P.O. Box NOT acceptable
Orlando Florida 32803	FL
City, Sta	te, 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

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

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

MGR	Richard E. Bosserman
	125-A East Marks Street
	Orlando Florida 32803
Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION

<u>REQUIRED</u> 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.)

Richard E. Bosserman

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)