

L12000064584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

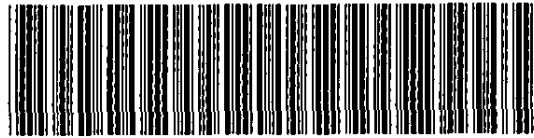
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2012 MAY 11 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 11 AM 11:48
STATE DEPT OF REVENUE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BORIKAR, LLC

STATE OF FLORIDA
DIVISION OF CORPORATIONS
12 MAY 11 AM 11:48

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BN _____
Name _____ Date 05/11/12 _____ Time _____
Walk-In _____ Will Pick Up _____

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RECEIVED
TALLAHASSEE COUNTY CLERK
12 MAY 11 AM 11:48

BORIKAR, LLC

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- Courier _____

Signature _____

Requested by: BN

05/11/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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

FILED
CLERK OF COUNTY CLERK
12 MAY 11 AM 11:48

**ARTICLE I
NAME**

The name of this Company shall be:

BORIKAR, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 2411 FLINTLOCK DRIVE, CLEARWATER, FLORIDA 33765.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

PATRICK M. O'CONNOR, ESQUIRE
O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FLORIDA 33771

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.

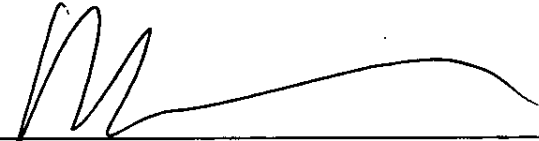
O'CONNOR & ASSOCIATES

By:

Patrick M. O'Connor, Registered Agent

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.



PATRICK M. O'CONNOR

(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.)