L12000116101

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| · |
| · |
| · |

Office Use Only



000239354220

09/10/12--01027--025 **160.00



J. BRYAN

SEP 11 2012

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------|--|----------|
| SUBJE | ECT: BOFIG | |
| | Name of Limited Liability Company | |
| The end | nclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning this matter to the following: | |
| ! | Ronald Durham | |
| | Name of Person | |
| | Firm/Company | |
| | 4644 W. Gandy Blvd 4-130 | 1 7 |
| · | Address To the second s | 5 1 |
| Ţ | Tampa, FL 33611 | 百里世 |
| r | City/State and Zip Code mrdurhamrd@gmail.com | 2: 43 |
| <u>:</u> | E-mail address: (to be used for future annual report notification) | <u> </u> |
| For furt | ther information concerning this matter, please call: | |
| Ronal | ld D. Durham at (813) 358-8223 | |
| | Name of Person Area Code & Daytime Telephone Number | |
| Enclos | sed is a check for the following amount: | |
| \$125.00 | Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$\int_{\text{\$160.00 Filing Fee & Certificate of Status}}\$\$ Certified Copy (additional copy is enclosed) | s & |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building | |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|---|
| The name of the Limited Liability Company is: | ty Company, "L.L.C.," or "LLC.") |
| BOFIG LLC | |
| (Must end with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1644 W. Gandy Blvd 4-130 | 4644 W. Gandy Blvd 4-130 |
| Tampa, FL 33611 | Tampa, FL 33611 |
| business entity with an active Florida registration.) The name and the Florida street address of the re Ronald Durham | egistered agent are: |
| Name | |
| 4644 W. Gandy Blvd 4-130 |) |
| Florida street addi | ress (P.O. Box NOT acceptable) |
| Tampa | _{FL} 33611 |
| City, Sta | te, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered 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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | "A. |
| MORW — Managing Memoer | |
| MGRM | Kairos Investment Group |
| | 4644 W. Gandy Blvd 4-130 |
| | Tampa, FL 33611 |
| | Ea |
| MGRM | Kairos Investment Group 4644 W. Gandy Blvd 4-130 Tampa, FL 33611 Tyrone Porter 8008 Pine Hill Dr |
| | 8008 Pine Hill Dr |
| | Tampa, FL 33617 |
| | у. |
| | |
| | |
| | |
| | |
| | A CARACTER CONTRACTOR |
| | |
| | |
| (1) | |
| (Use attachment if necessary) | |
| I F Ve Effective data if other than the | data of flings (ODTIONIA) |
| | e date of filing: (OPTIONAL be specific and cannot be more than five business days |
| days after the date of filing.) | be specific and cannot be more than five business days |
| days after the date of iming. | |
| | |
| REQUIRED SIGNATURE: | |
| 1./ | |
| / 1/2/ | |
| | |
| | |
| Signature of a memb | er or an authorized representative of a member. |

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)