

L12000124141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

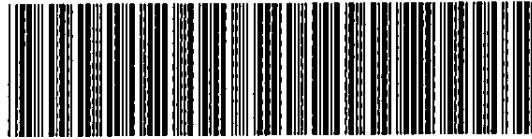
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400239375494

09/27/12--01027--013 \*\*125.00

RECEIVED  
TALLAHASSEE, FLORIDA

SEP 27 PM 2:02 TALLAHASSEE, FLORIDA

RECEIVED

12 SEP 27 AM 9:57

APPROVED  
AND  
FILED

D. BRUCE

SEP 28 2012

EXAMINER

CORPORATE  
ACCESS,  
INC.

"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

9/27/12 *M. C. [Signature]*

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

*LLC*

1. *Boltet Care, LLC*  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

APPROVED  
AND  
FILED  
12 SEP 27 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Articles of Organization  
of  
BoltED Care, LLC

The undersigned hereby certifies that he is the Authorized Representative of one of the Members who is forming a Limited Liability Company under Florida Statutes Chapters 608. The following Articles of Organization are hereby adopted.

ARTICLE 1.  
NAME

The name of the Limited Liability Company shall be BoltED Care, LLC.

ARTICLE 2.  
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually commencing as of the date of filing.

ARTICLE 3.  
MAILING ADDRESS; PRINCIPAL OFFICE

The mailing and street address of the principal office of the Limited Liability Company shall be 611 South Ft. Harrison, Clearwater, FL 33756.

ARTICLE 4.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 360 Central Avenue, Suite 1200, St. Petersburg, Florida 33701 and the name of the registered agent is Thomas B. Smith.

ARTICLE 5.  
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

APPROVED  
AND  
FILED

12 SEP 27 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being the Authorized Representative of one of the Members of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of BoltED Care, LLC.

Executed by the undersigned on September 26, 2012.

Thomas B. Smith  
Thomas B. Smith

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for BoltED Care, LLC. and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this September 26, 2012.

Thomas B. Smith  
Thomas B. Smith

22S

APPROVED  
AND  
FILED

12 SEP 27 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA