(Req	uestor's Name)	
(Áddi	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doca	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

TO:

٠,

Registration Section
Division of Corporations

SUR IFCT.

BOGGINFIN FARM LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN HYNES

Name of Person

SEAN HYNES

Firm/Company

25492 COCKLESHELL DR #105

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

SEANIEHYNES@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN HYNES

_a,239

601-4584

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

+ CENTRO COPY

□\$155.00 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 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	5:
BOGGINFIN FARM LLC	
(Must end with the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12621 ROD AND GUN CLUB ROAD	25492 COCKLESHELL DR #105
FT MYERS, FL 33913	BONITA SPRINGS, FL 34135
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the SEAN HYNES Name	e registered agent are:
25492 COCKLESHELL DR # 10 Florida street a	address (P.O. Box NOT acceptable)
BONITA SPRINGS, FL	34135
City, S	State, and Zip
liability company at the place designated ir registered agent and agree to act in this capa all statutes relating to the proper and compl	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S

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:

"R/II vW" == R/IQNQ/GEF	Name and Address:
'MGR" = Manager 'MGRM" = Managing Memb	per
MGR	SEAN HYNES
WGI	25492 COCKLESHELL DR #105
	BONITA SPRINGS, FL 34135
	BONTA SI KINGS, 1 2 34 100
	- Andrew
Use attachment if necessary)	
	11-6-17
	then the data of filling: ${}^{\bullet}/{}^{\bullet}$ (CDTION)
E V: Effective date, if other	than the date of filing: (Or not)
EV: Effective date, if other fective date is listed, the date or 00 days after the date of 6	than the date of filing: (OPTION te must be specific and cannot be more than five busing)
EV: Effective date, if other fective date is listed, the date or 90 days after the date of f	ite must be specific and cannot be more than five busin filing.)
or 90 days after the date of f	filing.)
LE V: Effective date, if other fective date is listed, the date or 90 days after the date of the date.	filing.)
or 90 days after the date of f	filing.)
or 90 days after the date of f REQUIRED SIGNATURE:	filing.)
or 90 days after the date of f REQUIRED SIGNATURE: (Signature of	Se- 11

SEAN HYNES

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)