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DEC 18,2012

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SCRIETARY OF STATE
AND ABASSEE FLORIDA

COVER LETTER

FO: Registration Section Division of Corporations	••
SUBJECT: Bougainvillea Lane Name of Limited Liability Company	•••
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:	
Teresa J. Cink Name of Person	
Name of Person	
Bougain Villea Lane Firm/Company	
O Firm/Company	
2521 Kildare Dr	
. Address	
Chuluuta F2 32766 City/State and Zip Code	
City/State and Zip Code	
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Teresa Link at (8/3) 4/6-8304 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	tus &
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

Bouguin Villea Lane, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
ARTICLE II - Add The mailing address		he principal office of the Limite	ed Liability Company is:		
Principal Office Ad		Mailing Address:	a Encounty Company is.		
2521 Kild Chuluota Fr	are Dr 32766	2521 Kilda Chulustafe	1e Dr 32766		
	npany cannot serve as its own	tered Office, & Registered Ag Registered Agent. You must designate an			
		the registered agent are:	7 7		
_	Teresa	Cink Name			
_	2521 Kil		DEC 17 PM 1:C		

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..

City, State, and Zip

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Mgr	Teresa). Link 2521 Kildare Dr Chalhota Fe 32766
 	
(Use attachment if necessary)	
	$\Delta t = cct = \Delta t = \Delta t = 2d/2 \text{(ODTIONAL)}$

ARTICLE V: Effective date, if other than the date of filing: 01-01-2013. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED 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.)

Teresa J. Link
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)