Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : 119990000101 Phone : (561)691-0059

Fax Number : (561)691-0066

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

monicak@brockdevelopmentcorp.com

FLORIDA LIMITED LIABILITY CO. BD/W/1775, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Con	ipany is:
BOW/1775, LLC	
(Must end with the words "Lis	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is:
Notes to all Alabama Alabama	Nothing Adduses
rincipal Office Address:	Mailing Address;
FINCIDAL OTLICE Address:	4650 Donald Ross Road

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

Name 4650 Donald Ross Road, Suite 200 Plorida street address (P.O. Box NOT acceptable)

Palm Beach Gardens, 33418 City, State, and Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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·	(((H13000105907 3)))	
ARTICLE IV- Manager(s) or I The name and address of each M	Managing Member(s): anager or Managing Member is as follows:	· 12 14.000000000000000000000000000000000000
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Peter Brock	
	4650 Donald Ross Road, Sulle 200	
	Pakn Beach Gardene, FL 33418	
·		
(Use attachment if necessary)		
ADDRESS TO THE POST AND LOSS OF THE SECOND	AL J. APEN.	
ARTICLE VI Effective date, if other than	n the date of filing:	
prior to or 90 days after the date of filln		
<u>REQUIRED SIGNATURE:</u>		
A (
Signature of a ma	ember or an authorized representative of a member,	1.8
constitutes en affirmation i I am aware that any false in	n 608.408(3), Plorida Statutes, the execution of this document under the penalties of porjury that the facts stated herein are true. Information submitted in a document to the Department of State close stated herein as provided for in s.817.155, F.S.)	157
Peter Brock		
	Typed or printed name of signes	n
Filing Foest		יינ כ
\$125.00 Filing Fee for Articles of C	Organization and Designation	
of Registered Agent \$ 30.00 Cortified Copy (Optional)		
\$ 5.00 Cartificate of Status (Opti		

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