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COVER LETTER

TO: Registration Section
Division of Corporations

Surject. The Law Office of David J. Bouziane, L.L.C.

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:

David J. Bouziane

Name of Person

The Law Office of David J. Bouziane, L.L.C.

Firm/Company

2170 Main St. Suite 403

Address

Sarasota, FL 34237

City/State and Zip Code

davidjbouziane@gmail.com

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

For further information concerning this matter, please call:

David J. Bouziane

.,941

228-8652

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

□\$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:	
The Law Office of David J. Bouziane, L.L.C.	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2170 Main St. Suite 403	2170 Main St. Suite 403
Sarasota, FL 34237	Sarasota, FL 34237
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r David J. Bouziane Name	ered Agent. You must designate an individual or another.
2170 Main St. Suite 403	
Florida street ad	dress (P.O. Box NOT acceptable)
Sarasota, FL 34237	FL
City, St	ate, and Zip
liability company at the place designated in a registered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated limited this certificate, I hereby accept the appointment as tity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
(CONTIN	UED)

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	
HOD	Po MAR Por train
MGR	David J. Bouziane 2170 Main St, Suite 403
	Sarasota, FL 34237
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(Use attachment if necessary)	
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CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a median amount of the constitutes an affirmation will am aware that any false in constitutes a third degree fee	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)