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Special Instructions to	Filing Officer	
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SECRETARY OF STATE

AUG 1 3 2013 J. BRYAN

COVER LETTER

10:	Registration Section Division of Corporations
SUBJE	CT: BOESCH SERVICES LLC
	Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	MYRLA BOESCH Name of Person
	Name of Person
-	Firm/Company
	Name of Person Firm/Company 1107 KEY PLAZA #276 Address
-	Address
	KEY WEST FL 33040 City/State and Zip Code 263724+wo@ Small. COM
•	City/State and Zip Code
	263724twoc small. Com
_	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
_//	MYRLA BOESCH at (305) 407-7000
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
(\$12 5.0	00 Filing Fee \$\square\$\$130.00 Filing Fee & \$\square\$\$\$\$\$155.00 Filing Fee & \$\square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
	Certificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailton Adduson Committee Adduson
	Mailing Address Street/Courier Address Registration Section Registration Section
	Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each Manag	ger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>MGR</u>	MYRLA BOES OF 3. C. NOT KEY WEST FL 330 KG.
MERM	THOMAS BOESCH #276 1107 KEY PLAZA #276 KRY WAST FL 33040
(Use attachment if necessary)	e date of filing: (OPTIONAL
n effective date is listed, the date mus r to or 90 days after the date of filing.)	st be specific and cannot be more than five business
REQUIRED SIGNATURE:	Klede
Signature of a memb	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)
MY.	yped or printed name of signee
T	yped or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

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)