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ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Division of C				
SUBJEC	CT: <u>Boomto</u>	wn America, LLC Name of Lim	nited Liability Com	pany	
The encl	osed Articles	of Organization and fee(s) ar	e submitted for filir	ng.	
Please re	turn all corres	pondence concerning this ma	atter to the followin	g:	
	William R	. Cross	Name of Person		
	Boomtow	n America, LLC	Firm/Company		
	4360 SW	20th Place	Address		
	Cape Cor	al. FL 33914 C	ity/State and Zip Co	ode	
billa	twhitney@h	otmail.com E-mail address: (to be used	I for future annual r	report notificat	tion)
For furth	er informatior	concerning this matter, plea	se call:		
William	R. Cross Nam	e of Person	239) 549- Area Code		ephone Number
Enclosed	l is a check for	the following amount:			
☑ \$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Certified Copy (additional copy)	7	□\$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:	
Boomtown America, LLC	ted Liability Company, "L.L.C.," or "LLC.")
(Must end with the Words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4360 SW 20th Place Cape Coral, FL 33914	4360 SW 20th Place Cape Coral, FL 33914
another business entity with an active Florida registrate. The name and the Florida street address of the register.	wn Registered Agent. You must designate an individual or tion.)
<u>William R. Cross</u> Nar	me 23 3
4360 SW 20th Place	
Florida street address (P.O. B	lox NOT acceptable)
Cape Coral City	FL 33914
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Chu	service of process for the above stated limited liability company at scept the appointment as registered agent and agree to act in this ns of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in capter 608, F.S
(CONTIN	(UED)

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<u> [itle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	William R. Cross
	4360 SW 20th Place
	Cape Coral, FL 33914

Use attachment if necessary) EV: Effective date, if other than the date of	of filing: (OPTIONAL)
EV: Effective date, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)