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B. BOSTICK

JUN - 4 2014

**EXAMINER** 

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Bond Net UC
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:
Janiel Bustillo
Name of Person
BOND NET, LLC Firm/Company
Firm/Company
2/21 N. Skyshore Drive #1219
Address
MIAMI IFLORISH, 33137  City/State and Zip Code
· · · · · · · · · · · · · · · · · · ·
DANIEL BUSTILLO @ HOTWAIL . COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call:    DANIEL BUSTILLS   at (305)   213-7765   213-77
Name of Person Area Code Daytime Telephone Number
En of
Enclosed is a check for the following amount:
▼ \$125.00 Filing Fee U\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Registration Section  Street/Courier Address Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	me: .imited Liability Company is:		•
•	ROND NET 11		
	(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - A		al office of the Limited Liability Compa	any is:
Principal Office	Address:	Mailing Address:	
	15HORE DR #1219 FL 33137	SAME	
(The Limited Liab	Registered Agent, Registered Offi ility Company cannot serve as its o entity with an active Florida registr	ce, & Registered Agent's Signature: wn Registered Agent. You must design ation.)	ate an individual or
The name and the	Florida street address of the registe	-	
	ERIC CASTILLO ES	Q PA	·
	Na	ıme	
•		STREET SUITE#904	
	Florida street address (P.O.	• • •	
	M   MVAN   City	FL 33130 Zip	
	-	•	
the place desig capacity. I first	gnated in this certificate, I hereby ac her agree to comply with the provision nd I am familiar with and accept the	t service of process for the above stated acept the appointment as registered agen ons of all statutes relating to the proper of abligations of my position as registered hapter 605, F.S	t and agree to act in this and complete performance
	Registered Agent's 84	gnature (REQUIRED)	-1 m
			(***) 
	(CONTI	NUED)	orange of the second
,	Page I	of2	SEE A OE 3 3

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
July - AMBR Neholos Oftonh - AMBR	DANIEL BUSTILLO  ZIZI N. BAYSHOPE & F. HIZIG  MIAMI, FL 33137  NICHOLAS OSTROWSKI  185 NE 107th Street  MIAMI SHORES, FL
<u> </u>	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filifective date is listed, the date must be specific e of filing.)  LE VI: Other provisions, if any.	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the date of fili ffective date is listed, the date must be specific e of filing.)	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific to of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as provided the section of the sect	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific to of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as provided the section of the sect	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State

Page 2 of 2