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(Re	questor's Name)		_
(Ad	dress)		_
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	_
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status	_
Special Instructions to	Filing Officer:		7
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Both Mor	ited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
David Ju	Name of Person
Booth Wo	Firm/Company
1257 Shurpta	Address Address
Apopka dlang 99 a	ity/State and Zip Code abol. Com it for future annual report notification)
)	
For further information concerning this matter, plea	
Name of Person at (_	407 446-5668 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsquare{1}\$125.00 \text{ Filing Fee} \Bigsquare{1}\$130.00 \text{ Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) (additional copy is enclosed) (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:		
Booth Works	Liability Company, "L.L.C.,, or "LLC.,,)	
(Must end with the words "Limited	Liability Company, "L.L.C.,,, or "LLC.,,)	
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1257 Sharptank Ct Apopka FC 32712	1257 Sharphank C+ Apopka D C 32712	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an indi	ividual or
The name and the Florida street address of the registered Pavid Tuck Name 1257 Sharp Florida street address (P.O. Box Aparka City	le Cary tark Ct	
Having been named as registered agent and to accept sen the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl Chapt	t the appointment as registered agent and agre of all statutes relating to the proper and comple	e to act in this ete performance
Registered Agent's Signal	ture (REQUIRED)	·
(CONTINU	ED)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Page 1 of 2		

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
Manage	Devid July Cum	<u> </u>	_
	1257 Shupter Ct	7	_
	Apapha FCSZFIC		-
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