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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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K. SALY EXAMORER SEP 1 6 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bones LLC 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: SHELLAM FOVE
Name of Person T-Bores
940 Danther Jane
Theechobee, 41 34974
City/State and Zip Code My Gbabies 82 a Cimay). Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stella Ford at (805) 447-7894 Name of Person Area Code Daytime Telephone Number
Epclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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:	GENVE DATE
T-Bones LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
940 Parther Lane OKeechobee, FL 34974	Same
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registration	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registered levery J. Hannamer Harney Florida street address (P.O. Borney) OKeechobee City	Canal Rd SSP T
Having been named as registered agent and to accept s	service of process for the above stated limited liability company at

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Stolla Ford
<u> </u>	940 Panthor Lane
	OKERTHOREE FL 34974

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Page 2 of 2