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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	)
(De	ocument Number)	
Certified Copies	Certificates o	f Status
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SEP 2 2 2014 T. HAMPTON

## **COVER LETTER**

	ion Section of Corporations		
SUBJECT: BOO	CA WAREHOUSE INVESTME Name of Lin	ENTS, LLC nited Liability Company	
The enclosed Artic	cles of Organization and fee(s) ar	re submitted for filing.	
Please return all co	orrespondence concerning this m	atter to the following:	
<u>Alan I</u>	Daula	Name of Person	
<del></del>		Firm/Company	
800 N	W 1st Avenue	Address	····
	! Raton, FL 33432 . C	City/State and Zip Code	
bocaautowo	rks@gmail.com E-mail address: (to be use	d for future annual report notifice	ation)
For further inform	ation concerning this matter, plea	ase call:	
Alan Daula	at ( <u>!</u> Name of Person	561 ) 302-4187 Area Code Daytime Te	lephone Number
Enclosed is a chec	k for the following amount:		
☑ \$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
:	Mailing Address	Street/Courier Add	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:		
BOCA WAREHOUSE INVESTMENTS, LLC		
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
800 NW 1st Avenue	800 NW 1st Avenue	
Boca Raton, FL 33432	Boca Raton, FL 33432	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.)  The name and the Florida street address of the registered a	Registered Agent. You must designate an i .)	ndividual or
Alan Daula Name		
000 41144 4 4 4		
800 NW 1st Avenue Florida street address (P.O. Box)	NOT acceptable)	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Boca Raton City	<u>FL 33432</u> Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblication.	the appointment as registered agent and ag f all statutes relating to the proper and con	gree to act in this uplete performance
When Dave	la =	,, <u></u>
Registered Agent's Signati	ure (REQUIRED)	SECAL SEC
(CONTINUE	ED)	17
Page 1 of 2	C T	HO B

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Alan Daula
	800 NW 1st Avenue
	Boca Raton, FL 33432
AMBR	Linda Aaron
73(41013	800 NW 1st Avenue
	Boca Raton, FL 33432
ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 da
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