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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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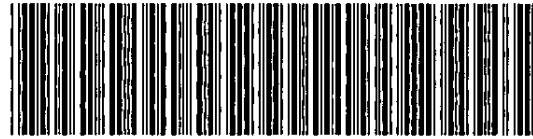
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**YEAR YEAR**  
*Consulting LLC*  
1580 N. Point Prairie Road  
Foristell, MO 63348

**"Your Compliance Solution"**

Phone: (636) 639-1880  
Fax: (636) 639-1233  
[www.y2yc.com](http://www.y2yc.com)

Via USPS – Priority Mail

September 8, 2014

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: 299 Boca LLC – Articles of Organization

To Whom It May Concern:

Enclosed please find the Articles of Organization for 299 Boca LLC.

The following documents make up the application 'packet':

- this cover letter;
- Florida Cover Letter;
- check # 184 in the amount of \$155.00;
- Articles of Organization for Florida Limited Liability Company.

Please forward any approved documents to: Diann Dillon  
Year To Year Consulting, LLC  
1580 N. Point Prairie Road  
Foristell, MO 63348

Your acknowledgement of receipt and subsequent acceptance of this application will be appreciated. If you have any questions or need additional information, please contact me at the phone number, fax number or e-mail address listed below.

Thank you for your consideration.

Respectfully submitted,



Diann Dillon  
Analyst/Product Compliance  
Year To Year Consulting, L.L.C.  
[diann.dillon@y2yc.com](mailto:diann.dillon@y2yc.com)  
WK: (636) 639-1880  
FX: (636) 639-1233

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 299 Boca 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:

Diann Dillon

Name of Person

Year To Year Consulting, L.L.C.

Firm/Company

1580 N Point Prairie Road

Address

Foristell, MO 63348

City/State and Zip Code

diann.dillon@y2yc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diann Dillon

Name of Person

at ( 636 ) 639-1880

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$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**

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:

299 Boca 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 office of the Limited Liability Company is:

**Principal Office Address:**

299 NE 6th Street  
Boca Raton, FL 33432  
(Attn: Michael Shaftel)

**Mailing Address:**

c/o Michael Shaftel  
200 East Palmetto Park Road, PH4  
Boca Raton, FL 33432

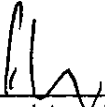
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Charles T. Wiggins  
Name  
501 Commendencia Street  
Florida street address (P.O. Box **NOT** acceptable)  
Pensacola FL 32502  
City Zip

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Michael Shaftel

200 East Palmetto Park Road, PH4

Boca Raton, FL 33432

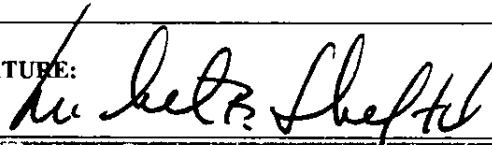
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



(Signature of a member or an authorized representative of a member)

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael Shaftel

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE FLORIDA