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T. BROWN

## COVER LETTER

ię,	то:	Registration Division of C	Section Corporations	. ,	
	SUBJE	CT: <u>BOKEE</u>	LIA HOUSE, LLC Name of Lin	nited Liability Company	
	The enc	losed Articles	of Organization and fee(s) ar	e submitted for filing.	
	Please r	eturn all corre	spondence concerning this m	atter to the following:	
		GERALD	H. STEAD, ESQ.	Name of Person	
		GERALD	H, STEAD, PA	Firm/Company	
		<u>1311 W.</u>	Fletcher Avenue	Address	
		<u>Tampa, f</u>	FL 33612	ity/State and Zip Code	
	_gh	stead@tamp	abay.rr.com E-mail address: (to be use	d for future annual report notifica	ation)
	For furt	her informatio	n concerning this matter, plea	ase call:	
	GERA	LD H. STEAL Nan	o, ESQ. at ( i	813 <u>968-5538</u> Area Code Daytime Te	lephone Number
	Enclose	d is a check fo	or the following amount:		
	<b>]</b> \$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 Taliahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## GERALD H. STEAD, PA Attorney At Law

Georgetown Office Park 1311 W. Fletcher Avenue Tampa, Florida 33612 Telephone: (813) 968-5538

Fax: (813) 969-3510

Email ghstead@tampabay.rr.com

October 8, 2014

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: BOKEELIA HOUSE, LLC

Dear Sir or Madame:

Enclosed please find original and copy of Articles of Organization for Florida Limited Liability Company. Please certify and return a copy of same. My check in the amount of \$155 is enclosed for the costs and fees, along with a self addressed stamped envelope.

Thank you for your assistance in this matter.

Yours very truly,
Amy Bue

Amy J. Bue

Paralegal to Gerald H. Stead, Esq.

GHS:ajb

Enclosure

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	nany is:		
the name of the shinted statemy com	pay 13.		FE 8 7
BOKEELIA HOUSE, LLC			
	words "Limited	Liability Company, "L.L.C.," or "LI	LC.") 5
ARTICLE II - Address: The mailing address and street address of	of the principal of	ffice of the Limited Liability Compar	TALLAN SALE: FLORIS
Principal Office Address:		Mailing Address:	
14802 Dunstan Place		14802 Dunstan Place	·
Tampa, FL 33618		Tampa, FL 33618	
The name and the Florida street address	•	agent are:	
Matthew Lund	Name		
14802 Dunsta Florida street a	•	NOT acceptable)	
<u>Tampa</u>		FL 33618	
	City	Zip	
Having been named as registered agent the place designated in this certifical capacity. I further agree to comply wi	te, I hereby accep	t the appointment as registered agent	t and agree to act in this

Registered Agent's Signature (REQUIRED)

Chapter 605, F.S..

Page 1 of 2

(CONTINUED)

<u>"itle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	Matthew Lund
	14802 Dunstan Place
	Tampa, FL 33618
AMBR	Carrie Lund
	14802 Dunstan Place
	Tampa, FL 33618
	<del></del>
V: Effective date, if other than the detive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
CV: Effective date, if other than the detive date is listed, the date must be filing.)  CVI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true.
Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fe	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the detive date is listed, the date must be filing.)  CVI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)