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SECRETARY OF STATE

T Brown Willey The Sulty

# **COVER LETTER**

TO:				
SUBJI	ест: <u>В</u>	Name of Limit	×PRESS LLC ed Liability Company	
The en	Firm/Company  3700 NW 108 DRIVE Address  CORAL SPRINGS FL 33065  City/State and Zip Code  GAVIN 876@ GMAIL.COM  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  GAVIN HUTCHINSON  Name of Person  at (202) 246-3250  Area Code & Daytime Telephone Number  acclosed is a check for the following amount:  125.00 Filing Fee  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy  (additional copy is enclosed)  Certified Copy  (certified Copy  (additional copy is enclosed)  Certified Copy  (certified Copy  (certified Copy)  (certified Copy  (certified Copy)  (certified Copy  (certified Copy)			
Please	BJECT: BOOKMAN EXPRES LLC  Name of Limited Liability Company  enclosed Articles of Organization and fee(s) are submitted for filing.  ase return all correspondence concerning this matter to the following:  GAVIN HUTCHINSON  Name of Person  Firm/Company  3700 NW 108 DRIVE  Address  CORAL SPRINGS FL 33065  City/State and Zip Code  GAVIN 876@ GMAIL . COM  E-mail address: (to be used for future annual report notification)  Further information concerning this matter, please call:  GAVIN HUTCHINSON  Area Code & Daytime Telephone Number  closed is a check for the following amount:  125.00 Filing Fee Certificate of Status  Mailing Address  Registration Section  Division of Corporations  P.O. Box 6327  Street/Courier Address  Registration Section  Division of Corporations  P.O. Box 6327  Street/Courier Address  Registration Section  Division of Corporations  Clifton Building  Citrol Building  Citrol Building  Certified Copy  (additional copy is enclosed)			
	Division of Corporations  ECT: Bookman Express LLC Name of Limited Liability Company  nelosed Articles of Organization and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  GAVIN HUTCHINSON Name of Person  Firm/Company  3700 NW 108 DRIVE Address  CORAL SPRINGS FL 33065 City/State and Zip Code GAVIN 876@ GMAIL . COM E-mail address: (to be used for future annual report notification)  rether information concerning this matter, please call:  GAVIN HUTCHINSON Name of Person  at (202) 246-3250 Area Code & Daytime Telephone Number  seed is a check for the following amount:  6.00 Filing Fee U\$130.00 Filing Fee & Certificat Copy (additional copy is enclosed)  Mailing Address Registration Section Division of Corporations P.O. Box 6327 Ciffon Building			
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			Firm/Company	
	370	801 WN 00	DRIVE	
		BOOKMAN Express LLC     Name of Limited Liability Company		
		RAL SPRINGS	FL 33065	
Firm/Company  3700 NW 108 DRIVE Address  CORAL SPRINGS FL 33065  City/State and Zip Code  GAVIN 876@ GMAIL. COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  GAVIN HUTCHINSON  Name of Person  at (202) 246-3250  Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\textstyle{2}\$125.00 Filing Fee & \$\textstyle{3}\$160.00 Filing Fee,				
F C	Firm/Company  3700 NW 108 DRIVE Address  CORAL SPRINGS FL 33065  City/State and Zip Code  GAVIN 876@ GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  GAVIN HUTCHINSON at ( 202 ) 246-3250  Name of Person Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  1\$125.00 Filing Fee  \$\times \$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy  (additional copy is enclosed)			
For fur	ther information	concerning this matter, please	e can:	
	GAVIN H	UTCHINSON	at ( 202 ) 246-3	3250
	Division of Corporations  JECT: Bookman Express LLC  Name of Limited Liability Company  enclosed Articles of Organization and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:  GANIN HUTCHINSON  Name of Person  Firm/Company  3700 NW 108 DRIVE  Address  CORAL SPRINGS FL 33065  City/State and Zip Code  GANIN 376@ GMAIL COM  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  GANIN HUTCHINSON  Name of Person  at (202) 246-3250  Area Code & Daytime Telephone Number  Area C			
Enclos	sed is a check fo	or the following amount:		
□\$125.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations Clifton Building	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
BOOKMAN EXPR	LESS LLC
BOOKMAN EXPR	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3700 NW 108 DRIVE CORAL SPRINGS, FL 33065	CORAL SPRINGS, FL 33065
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
GAVIN HUTC	DRIVE  DRIVE  PSECRETARY OF STREET O
Name	
3700 HW 108	PRIVE  SEL 38065  SEL 38065
Florida street add	ress (P.O. Box NOT acceptable)
CORAL SPRINGS	FL 33065
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete	ticcept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	tre (REOURED)

Page 1 of 2

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	GAVIN HUTCHINSON	
	3700 NW 108 DRIVE	
	CORAL SPRINGS, FL 33065	
MGR	GEORGIA FORBES	
	ATOD NW 108 DRIVE I	
	CORAL SPRINGS, FL 330457	i
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		Carried Street
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ARTICLE V: Effective date, if other than the date of filing: **SANDRY 2, 2015**. (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.)

### **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

GAVIN HUTCHINSON
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)