

LI5000008940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

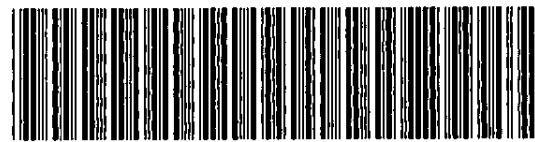
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/16/15--01004--002 **620.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

12 JAN 16 AM 9:48

BY RICHARD
JOHN W. BROWN
SUBMISSION OF FILING

15 JAN 16 PM 2:45
SECRETARIAL OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 16 2015
T. BROWN

115-3474

BOLDEN, LLC.
POST OFFICE BOX 7673
TALLAHASSEE, FLORIDA 32314

January 14, 2015

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Bolden, LLC

Dear Sirs:

Enclosed please find the following documents with regard to registering Bolden, LLC as a limited liability company.

- (1) Original of the Articles of Organization;
- (2) Certified Copy;
- (3) Original of the Acceptance Of Registered Agent; and
- (4) Payment in the amount of ONE HUNDRED FIFTY FIVE AND 00/100 (\$155.00) DOLLARS made payable to the Department of Incorporations representing payment of the filing fee.

Please return certified copies of the Articles of Organization to us along with a Certificate of Organization. Thank you for your assistance.

Cordially,



Enclosure



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2015

BOLDEN, LLC.
PO BOX 7673
TALLAHASSEE, FL 32314

SUBJECT: BOLDEN, L.L.C.
Ref. Number: W15000003424

We have received your document for BOLDEN, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L12000149337, BOLDEN, L.L.C..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 915A00000986

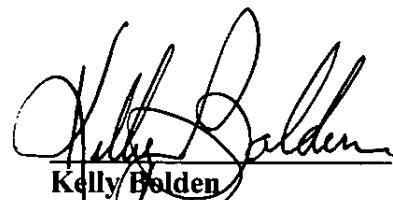
STATE OF FLORIDA
COUNTY OF LEON

I, the undersigned KELLY BOLDEN, do hereby state:

1. I am aware of the Administrative Dissolution of the Bolden, LLC.
2. We do not plan on reinstating the dissolved company.
3. We release the name to be used.

Under penalties of perjury, I declare that I have read this Affidavit and that the facts stated are true.

Executed this 16th day of January, 2015.



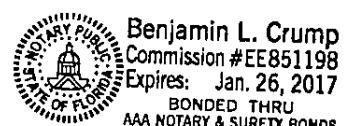
Kelly Bolden
MGRM

STATE OF FLORIDA
COUNTY OF LEON

Sworn to and subscribed to before me on this 16th day of January, 2015, by Kelly Bolden, who is personally known to me X or who produced _____ as identification.



NOTARY PUBLIC
My Commission Expires: _____
My Commission Number is: _____



EIN: 46-1465914

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16 JAN 16 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
BOLDEN, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, hereby make, acknowledge, and file the following Articles of Incorporation.

Article I

The name of the limited liability company shall be BOLDEN, L.L.C. ("Company").

Article II

The period of duration of the corporation is perpetual.

Article III

The mailing address shall be Post Office Box 7673, Tallahassee, FL 32314. and street address of the principal office of the company shall be 240 N. Magnolia Drive, Tallahassee, Florida 32301.

Article IV

The purpose of the company is to engage in ANY AND ALL LAWFUL BUSINESS permitted under the laws of the United States and Florida.

Article V

The name and street address of the registered agent shall be Kenneth J Alexander, 240 N Magnolia Dr., Tallahassee, Florida 32301.

Article VI Management

The company shall be managed by the members in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the company. This agreement may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these Articles of Organization. The name and address of the members of the company is:

Benjamin L. Crump, MGRM, 240 N Magnolia Drive, Tallahassee, FL 32301

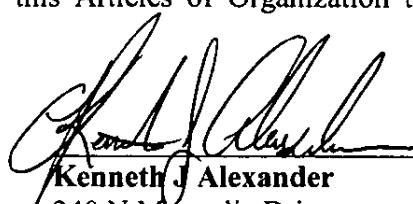
Kelly Bolden, MGR, 240 N Magnolia Drive, Tallahassee, FL 32301

Kenneth J Alexander, Secretary, 240 N Magnolia Drive, Tallahassee, FL 32301

Article VII

The shall be no cumulative voting.

The undersigned have executed this Articles of Organization this 14th day of January, 2015.

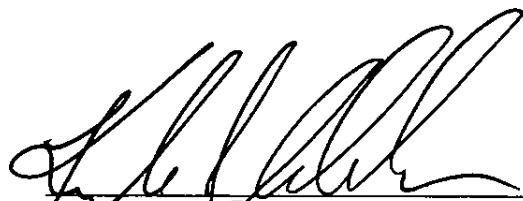


Kenneth J. Alexander
240 N Magnolia Drive
Tallahassee, Florida 32301

**CERTIFICATE DESIGNATING REGISTERED AGENT AND PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, AND
ACCEPTANCE OF AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Sections 48.091 and 607.034 of the Florida Statutes, the following is submitted: Bolden, L.L.C., desiring to organize or qualify under the laws of the State of Florida, has named KENNETH J ALEXNADER, as its agent to accept service of process within the Florida.

Dated this 14th day of January, 2015.



KENNETH J ALEXNADER
Registered Agent

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FALLAH, SEFF, FLORIDA
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Having been named to accept service of process for the above stated company, at the place designated, I Hereby agree to act in this capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated this 14th day of January, 2015.



KENNETH J ALEXNADER
Registered Agent