

L15000030366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

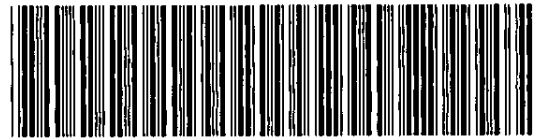
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 FEB 18 AM 10:15  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 FEB 18 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan FEB 19 2015



February 18, 2015

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 9425981 SO  
Customer Reference 1: CT Corporation  
Customer Reference 2:

Dear Secretary of State, Florida :

Please obtain the following:

Bornready Holdings LLC (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
~~Connie.Bryan@wolkonsky.com~~

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bomready Holdings 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:

Bianca Griggs

Name of Person

Moocoo Swincane

Firm/Company

3299 E Hill St.

Address

Signal Hill, CA, 90755

City/State and Zip Code

bianca@moocoo.com.au

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

For further information concerning this matter, please call:

Bianca Griggs

Name of Person

at ( +61 )

Area Code

755221979

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:

Bornready Holdings 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:

Mailing Address:

3299 HILL ST. STE 305  
SIGNAL HILL, CA. 90755

3299 HILL ST. STE 305  
SIGNAL HILL, CA. 90755

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:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
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..*

C T Corporation System  
By: Jenifer Vincent  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**Jenifer Vincent**  
Vice President & Assistant Secretary

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2015 FEB 18 AM 10:09  
SECRETARY OF STATE  
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

Moo Family Trust / AMBR

**Name and Address:**

15 Muli Muli Ave. Ocean Shores NSW 2483

Craig Jones / MGR

3299 HILL ST. STE 305

SIGNAL HILL, CA. 90755

Nicole Lovrics / MGR

3299 HILL ST. STE 305

SIGNAL HILL, CA. 90755

(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:**

Craig Jones

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.)

Craig Jones

Typed or printed name of signer

**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)

FILED  
2015 FEB 18 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA