## 15000073323





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K.SALY EXAMINER APR 27 2015

## **COVER LETTER**

	ivision of	Corporations				
SUBJECT	r: BoldW	aterTV LLC				
		Name of L	imited Li	ability C	ompany	<del> </del>
The enclos	sed Articles	of Organization and fee(s)	are subm	itted for	filing.	
Please retu	ırn all corre	spondence concerning this	matter to	the follo	wing:	
	Gary Re	dwine				
			Nam	e of Pers	on	
	BoldWat	erTV LLC				
			Firm	ı/Compaı	ny	
	2475 so	uthern Hills Ct.				
			Α	Address		
	Oviedo,	Florida 32765				
			City/State	e and Zip	Code	···
Gary	@boldwate	er.com E-mail address: (to be us	ed for fut	ure annu	al report notific	ation)
For further	informatio	n concerning this matter, pl			•	,
Gary Red	wine	at (	407	<u>45</u>	9-0069	
	Nan	ne of Person	Area (	Code	Daytime Te	lephone Number
Enclosed is	a check fo	r the following amount:				
<b>☑ \$</b> 125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	Cen	rtified Co	ing Fee & opy oy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Divi P.O.	ling Address istration Section sion of Corporations Box 6327 ahassee, FL 32314		Regi Divi Clift 2661	et/Courier Add stration Section sion of Corpora on Building Executive Cen shassee, FL 323	tions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
, , ,	
BoldWaterTV LLC	
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal	l office of the Limited Liability Company is:
n	P. P.
Principal Office Address:	Mailing Address:
2475 Southern Hills CT.	2475 Southern Hills CT.
Oviedo, Florida 32765	Oviedo, Florida 32765
another business entity with an active Florida registrate.  The name and the Florida street address of the register.  Patricia F. Saeva  Name 2475 Southern Hills Ct.	ne agent are:
Florida street address (P.O. B	ox NOT acceptable)
Oviedo	FL 32765
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the c	, ,

Page 1 of 2

(Use attachment if necessary)  E V: Effective date, if other than the date of filing:	'MGR" = Manager	Name and Address:
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:		Gary Podwine
(Use attachment if necessary)  E. V: Effective date, if other than the date of filing:	AVER	
(Use attachment if necessary)  E V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  E V: Effective date, if other than the date of filing:		Violati, 1 totala 62.700 3.00
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		77
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EV: Effective date, if other than the date of filing:		<u> </u>
EV: Effective date, if other than the date of filing:		7.5
EV: Effective date, if other than the date of filing:		2,7,
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		•**
E V: Effective date, if other than the date of filing:		
E V: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
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 documen 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	ctive date is listed, the date must be specifi	
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constitutes a third degree felony as provided for in s.817.155, F.S.)	ctive date is listed, the date must be specific filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE.	c and cannot be more than five business days prior to or
	Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic	er or an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this document expendities of perjury that the facts stated herein are true, on submitted in a document to the Department of State
Typed or printed name of signee	Signature of a member of a maximum and a max	er or an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this document expendities of perjury that the facts stated herein are true, on submitted in a document to the Department of State
	Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as  Gary Redwine	er or an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this document expensalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
Filing Fees:	Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as  Gary Redwine	er or an authorized representative of a member.  03 (1) (b), Florida Statutes, the execution of this document expendities of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)  ped or printed name of signee

ARTICLE IV-