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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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06/23/15--01007--022 **160.00

EFFECTIVE DATE 7-1-15

SECRETARY OF STATE

: 02

JUN 2 6 2015

T RECIMAL

COVER LETTER

TO:	Registration Section Division of Corporations

					. id>
SUBJECT		n Web Works			
SUBJECT	•	Nam	e of Limited Lia	bility Company	
The enclos	ed Articles o	of Organization and f	ee(s) are submit	ted for filing.	
Please retu	rn all corres	pondence concerning	this matter to th	ne following:	
	Jessica Na	chtman			
			Name	of Person	
	Bohemian	Web Works			
			Firm	Company	
	16435 Eas	Stallion Drive			
			Ad	dress	
	Loxahatch	ee, Florida 33470			
			City/State	and Zip Code	
	j@bohemia	webworks.com		-	
•		E-mail address: (to	be used for futur	e annual report notif	ication)
For further in	nformation c	oncerning this matter	r, please call:		
	Jessica Nac		561 _at (331-0496	
	Na	me of Person	Area Code	Daytime Telep	hone Number
Enclosed is	s a check for	the following amour	ıt:		
\$125.00 Fi	iling Fee	\$130.00 Filing For		5.00 Filing Fee & tified Copy	√ \$160.00 Filing Fee, Certificate of Status &

Mailing Address

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

Street Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORID	A LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		DIIS JUNE
Bohemian Web Works, LLC.		PE S
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")	Tho B
ARTICLE II - Address:		
The mailing address and street address of the principal office of t	the Limited Liability Company is:	. 02
Principal Office Address:	Mailing Address:	D. C.
16435 East Stallion Drive	16435 East Stallion Drive	
Loxahatchee, FL 33470	Loxahatchee, FL 33470	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	.,	effective date $7-1-15$
The name and the Florida street address of the registered agent a	re:	

-, .!

Longboat Trading Co mpany Name 16435 East Stallion Drive Florida street address (P.O. Box NOT acceptable)

> Loxabatchee Florida City State 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..

(CONTINUED)

Assica Hachthis
Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" :		Name and Address:
	= Authorized Member	
"MGR" = 1	Manager	Landan Marian
MGR		Jessica Nachtman
		16435 East Stallion Drive
		Loxahatchee, FL 33470
AMBR		Christopher Nachtman
		16435 East Stallion Drive
		Loxahatchee, FL 33470
MCD		Lunchard Tiding C Too
MGK		Longboat Irading Co. Inc.
		16435 E. Stallyon DC
		Loxahatchee, FL 33470
E V: Effec		date of filing: July 1st, 2015 . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days.
EV: Effect ective date of filing.) the date in ment's effe	ctive date, if other than the is listed, the date must b	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
EV: Effective date of filing.) the date in ment's effe	ctive date, if other than the is listed, the date must be serted in this block does between date on the Department.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
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E V: Effective date of filing.) the date in nent's effe E VI: Othe	etive date, if other than the is listed, the date must be a serted in this block does betive date on the Department provisions, if any. ED SIGNATURE: Signature of (In accordance with constitutes an affirm I am aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records. A member or an authorized representative of a member. I section 605.0203 (1) (b), Florida Statutes, the execution of this documer nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)