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SECRETARY OF STATE

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COVER LETTER

- -

Division of Corporations
SUBJECT: The Bodhi Spot 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:
George Ross Campbell Name of Person
•
The Bodhi Spot LLC Firm/Company
629 SW Channel Ave.
Address
Strart FL 18 34994 City/State and Zip Code
rcbodhi a gmail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Ross Gampbell at (505) 235-3218 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

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



October 13, 2015

GEORGE ROSS CAMPBELL 629 SW CHANNEL AVE. STUART, FL 34994

SUBJECT: THE BODHI SPOT LLC

Ref. Number: W15000067669

We have received your document for THE BODHI SPOT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 215A00021618

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPHOVEL

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 OCT 23 PM 3:39

The Bodh' Spot LC SECRETARY OF STATE TALLAHASSEE FLORIDA

(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:
629 SW Channel Ave.	629 SW Channel Ave.
Stuart FL 34994	Stuatt, FC 34944

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:

Name

629 SW Channel Ave.

Florida street address (P.O. Box NOT acceptable)

Stuart Fl 34994

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager ANBR	George Rass Campbell 629 SW Channel Ave Stuert FL 34994
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