## L1600009109

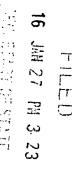
(Request	or's Name)
(Address	)
(Address	)
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines:	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

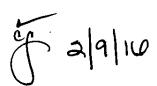




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## **COVER LETTER**

	Registration Section Division of Corporations	•	!
SUBJEC	CT: Bose W Name of Li	imited Liability Company	
The encl	osed Articles of Organization and fee(s) a	are submitted for filing.	
Please re	turn all correspondence concerning this n	natter to the following:	
	Robert And	Name of Person	· 
	Bose	Worx L.F.C. Firm/Company	
	651 Gran	d Age Address	
	Deland F	Florida 32420 City/State and Zip Code	<b>)</b>
ior further	E-mail address: (to be used information concerning this matter, please	d for future annual report notification)	
or further	·		
	Robert Penrell at (	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification.	00 Filing Fee, ficate of Status & fied Copy nal 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	FILED JAN 27 PM 3-23 REGISSELFINENA

## EFFECTIVE DATE 01/25/114

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	FILED
Bose Worx LLC.	16 JAN 27 PM 3-23
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC	CO) LEAST OF STATE
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company	The state of the s
Principal Office Address: Mailing	Address:
Octored FL 32720 Octored FL	Ave 32720
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	e an individual or
Robert Andrew Pennell Name	<del></del>
Florida street address (P.O. Box NOT acceptable)	
Oeland FL 32720 City State Zip	
laving been named as registered agent and to accept service of process for the above stated limite lace designated in this certificate. I hereby accept the appointment as registered agent and agree wither agree to comply with the provisions of all statutes relating to the proper and complete perform familiar with and accept the obligations of my position as registered agent as provided for in C	to act in this capacity. I ormance of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

MBR" = Authorized Member GR" = Manager	Name and Address:
wner/AMBR	Robert A. Penne V
Director AMBR	bil Grand Ave Deland FL 32720
Vicesta JAMBR	Sarah L. Pennell
THE CONTINUE	651 Grand Ave
	Deland EL 32720
e attachment if necessary)	ng: 1/25/16 (OPTIONAL)
date inserted in this block does not meet the time in the contract of Sta	ne applicable statutory filing requirements, this date will not be te's records.
1: Other provisions, if any.	
DUIRED SIGNATURE:	
DUIRED SIGNATURE:	SQull
OUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member.
Signature of a member This document is executed in	accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a member This document is executed in I am aware that any false infor	accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State
Signature of a member This document is executed in l am aware that any false infor constitutes a third degree felor	accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor	accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.  Andrew Penne !!
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor	accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.  Andrew Penne II  med or printed name of signee
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor  Typ	accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.  Andrew Penne   I bed or printed name of signee  Filing Fees:
Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor  Typ	accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.  Andrew Penne II  Med or printed name of signee

ARTICLE IV-

Page 2 of 2