616000035651

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (isaloss) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Boodinone Hamboly |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| , |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



400280665004

01/08/16--01016--020 **130.00

W to Same of the s

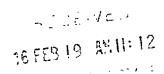
16 FEB 19 PM & 50

02-2

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: BOOKSHIN HOLDINGS |
| 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: |
| tom Sella. |
| Name of Person |
| Bookstein Holdings |
| Firm/Company (|
| (002 Quon Rd. Wh |
| Address |
| West Palm Beach, FL 33401 |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| To relate mornation concerning and matter, prease can. |
| 10m Sella at 602, 501-5130 |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & |
| (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street Address |
| Mailing Address Street Address |
| New Filing Section New Filing Section |
| Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 21, 2016

TOM SELLA 602 AVON RD WEST PALM BEACH, FL 33401

SUBJECT: ABC HOMES LLC Ref. Number: W16000004179

We have received your document for ABC HOMES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Tim Burch Regulatory Specialist II

Letter Number: 316A00001363

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | |
|---|--------------------------------|------|
| BOOKSkin 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: | | |
| West falm Brown, FC West falm Brown | | 10 l |
| 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 individuant another business entity with an active Florida registration.) | 55 7 | |
| The name and the Florida street address of the registered agent are: Town Sellor Name Florida street address (P.O. Box NOT acceptable) | STARY OF STATE HASSEE: FLORIDA | |
| West Palm Beach, Fl 33401 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

| The name and address of each person | authorized to manage and control the Limited Liability Company: |
|--|---|
| Title: "AMBR" = Authorized Member | Name and Address: |
| "MGR" = Manager | Tom Sella Colavon hot |
| AMBR | alexandra Siver 602 avon or west farm Beach, FC 33401 |
| | |
| | |
| (Use attachment if necessary) | |
| the date of filing.) | ate of filing: 100000 15 20 GOPTIONALS specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as |
| | |
| REQUIRED SIGNATURE: | 7 |
| This document is exe I am aware that any fa | member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |
| | M epla |
| | Typed or printed name of signee |

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)

ARTICLE IV-