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| (Re | equestor's Name) | |
|-------------------------|----------------------|-----------------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone # | (*) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | usiness Entity Name | e) |
| (Do | ocument Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| ωTO: | Registration Section Division of Corporations | | | |
|-------------------|---|------------------|---|--|
| SUBJE | 2093 E Bond L.L.C. | | | |
| 30000 | | of Limited Li | ability Company | |
| The end | closed Articles of Organization and fe | e(s) are submi | tted for filing. | |
| Please 1 | return all correspondence concerning | this matter to t | he following: | |
| | JOHN O. ANDERS | | | |
| | | Nam | e of Person | ., |
| | | | | |
| | | Firm | /Company | |
| | 12 TARA LAKES DRIVE EAS | Γ | | |
| | | A | ddress | |
| | BOYNTON BEACH, FLORIDA | A 33436 | | |
| | JATRADER2@GMAIL COM | City/State | e and Zip Code | |
| | | e used for futt | re annual report notifica | tion) |
| For furth | er information concerning this matter, | , please call: | | |
| | JOHN ANDERS | 561 _at (| 797-7788 | |
| | Name of Person | Area Cod | c Daytime Telepho | ne Number |
| Enclose | d is a check for the following amount | t: | | |
|] \$125.00 | O Filing Fee S130.00 Filing Fe Certificate of State | nus LICe | 55.00 Filing Fee & rtified Copy ional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | | Street Address | |
| | New Filing Section Division of Corporations | | New Filing Section Division of Corpora | tions |
| | P.O. Box 6327 | | Clifton Building | uons |
| | Tallahassee, FL 32314 | | 2661 Executive Cen | ter Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 2093 E BOND L.L.C. (Must end with the words "Limited Lie | ability Company. "L.L.C.," or "LLC.") |
|---|--|
| ICLE II - Address: nailing address and street address of the principal office | a of the Limited Liability Company is |
| raning address and street address of the principal office | e of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 12 TARA LAKES DRIVE EAST | 12 TARA LAKES DRIVE EAST |
| BOYNTON BEACH, FL. 33436 | BOYNTON BEACH, FL. 33436 |

JOHN O. ANDERS

Name

12 TARA LAKES DRIVE EAST

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

BOYNTON BEACH FL 33436
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

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|---|---|----|--------------|-----|-------------|
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The name and address of each person authorized to manage and control the Limited Liability Company:

| Title: | DDU — Anabania d Manatan | Name and Address: | | |
|---------------------|---|--|--|--|
| | BR" = Authorized Member | | | |
| MGR | R" = Manager | JOHN ANDERS | | |
| MOK | | 12 TARA LAKES DRIVE EAST | | |
| | | BOYNTON BEACH, FL 33436 | | |
| | | BO FICTOR DENCIT E 53430 | | |
| MGR | | SACHA WOOD | | |
| | 933 29TH STREET | | | |
| | | WEST PALM BEACH, FL 33407 | | |
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| (Use a | attachment if necessary) | | | |
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| ARTICLE V: E | Effective date, if other than the date of | f filing: JULY 15; 2016 (OPTIONAL) | | |
| (If an effective of | date is listed, the date must be snec | ific and cannot be more than five business days prior to or 90 days after | | |
| the date of filing | | me and cannot be more than tive business days prior to or 70 days areer | | |
| | | et the applicable statutory filing requirements, this date will not be listed as | | |
| | effective date on the Department of | | | |
| me document 5 | officerive date on the isopartment of | bute s records. | | |
| ARTICLE VI: 0 | Other provisions, if any, | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| REOL | UIRED SIGNATURE: | | | |
| | | | | |
| | 1 | | | |
| | | iber or an authorized representative of a member. | | |
| | | i in accordance with section 605.0203 (1) (b), Florida Statutes. | | |
| | I am aware that any faise i | nformation submitted in a document to the Department of State | | |
| | constitutes a third degree f | clony as provided for in s.817.155, F.S. | | |

JOHN O. ANDERS

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)