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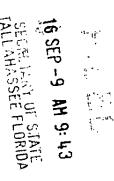
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COVER LETTER

	degistration Section Division of Corporations
SUBJECT	Bo Davids Ile
	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Bret Ferguson Name of Person
	Name of Person
	Bo DAVIDS
	Firm/Company
	E CHAM F MENDOWSLAKE CIR. S
	Address
	Lake Placed, FL 33852
	City/State and Zip Code bretfergu son@hotraul, com
	E-mail address: (to be used for future annual report notification)
Far forther	·
ror iuruler i	information concerning this matter, please call:
	Bref fergusor at (863) 261.2041 Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125.00 F	Siling Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing Address Street Address
	New Filing Section New Filing Section Division of Corporations Division of Corporations
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
Bo	Davids 11	2		
(Must end	with the words "Limited I	iability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal off	ice of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Ad	dress:
5 Meapowlaki Lake Placid,	e Cir. 5 FL 33852		- SAME -	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own R ctive Florida registration.	egistered Agent.	You must designate an	individual or
		Name Le Cir.		-9 A
	Florida street address	P.O. Box NOT a	cceptable)	FL(C
	Lake Placed City	FL	33852	AH 9: 43 OF STATE EE FLORID
	City	State	Zip	D .
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the appoi ovisions of all statutes rela ligations of my position as	ntment as register ating to the proper or registered agent	ed agent and agree to a and complete perform	act in this capacity. I ance of my duties, and I

(CONTINUED)

Page 1 of 2

ARADDR - Auch - d- Arab	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR	Bret terguson
	5 Meadow lake Cir S.
	Lake Placed, FL 33852
	
	· ·
Use attachment if necessary)	
	ling: (OPTIONAL)
ent's effective date on the Department of St	tate's records.
·	tate's records.
nent's effective date on the Department of St CVI: Other provisions, if any. REQUIRED SIGNATURE:	tate's records.
EVI: Other provisions, if any.	tate's records.
VI: Other provisions, if any.	er or an authorized representative of a member.
REOUIRED SIGNATURE: Signature of a member This document is executed in	er or an authorized representative of a member. 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 info	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State
Signature of a member This document is executed in I am aware that any false inforconstitutes a third degree felo	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In a document to the Department of State only as provided for in s.817.155, F.S.
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