L1100/11582

(Fi	Requestor's Name)
· (A	ddress)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
:	
	:

Office Use Only



300290929283

10/17/16--01046--007 **125.00

SECRETATE STATE
TATE OF THE SECRETARY

M. MOON 0CT 17 2016

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	11941 Watergate Circle, LLC.			
BUDJEC		Limited Liab	ility Company	
The encl	osed Articles of Organization and fee(s	s) are submitte	ed for filing.	
. Please re	eturn all correspondence concerning thi	s matter to the	following:	
	Todd Bolling			
		Name (of Person	
		Firm/C	Company	
	21798 Little Bear Court	THING	Company	<u>-</u> 4 >
		Ad	dress	1.30 9
	Boca Raton / FL 33428		,	
	toddbolling@yahoo.com	City/State	and Zip Code	
	E-mail address: (to be	used for future	annual report notification)	33 0
For further	r information concerning this matter, p	lease call:		الم مين
	Cecile Diaz	561 t (212-5405	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Status	s L—ICert	5.00 Filing Fee & \$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
11941 Watergate Circ	ele, LLC.			
(Must end	with the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	ffice of the Li	nited Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address	<u>s</u> :
21798 Little Bear Co	urt		21798 Little Bear Court	
Boca Raton, FL 3342	8		Boca Raton, FL 33428	
The name and the Florida street	Todd Bolling	Name	·	
	21798 Little Bear Co		OT	
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)	
	Boca Raton	FL	33428	
	City	State	Zip	
Having been named as registered of place designated in this certificate further agree to comply with the plam familiar with and accept the ob	I hereby accept the approvisions of all statutes r ligations of my position	ointment as re elating to the p as registered d	gistered agent and agree to act in roper and complete performance gent as provided for in Chapter 66 Signature (REOUTRED)	this capacity. I of my duties, and I

Page 1 of 2

JT 11 FH 6: 39

'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	T. 11 D. 11
MGR	Todd Bolling
	21798 Little Bear Court Boca Raton, FL 33428
	Boca Ratoll, PL 33428
MGR	Cecile Diaz
	21798 Little Bear Court
	Boca Raton, FL 33428
(Use attachment if necessary)	
ose anaemient it necessary)	
	et the applicable statutory filing requirements, this date will not be State's records.
nent's effective date on the Department of S	
nent's effective date on the Department of S	
nent's effective date on the Department of S	
nent's effective date on the Department of S	
ent's effective date on the Department of SE VI: Other provisions, if any.	
ent's effective date on the Department of SE VI: Other provisions, if any.	
ent's effective date on the Department of SE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member of signature of si	State's records.
REQUIRED SIGNATURE: Signature of a meml This document is executed	State's records.
REQUIRED SIGNATURE: Signature of a meml This document is executed I am aware that any false in	State's records. Legior an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a meml This document is executed I am aware that any false in	State's records.
REQUIRED SIGNATURE: Signature of a meml This document is executed I am aware that any false in constitutes a third degree fe	State's records. Legior an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a meml This document is executed I am aware that any false in constitutes a third degree fe	State's records. Legistran authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.153, F.S.
REQUIRED SIGNATURE: Signature of a meml This document is executed I am aware that any false in constitutes a third degree fe	State's records. Leg of an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.153, F.S. Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a meml This document is executed I am aware that any false in constitutes a third degree fe	State's records. Less to an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.153, F.S. Typed or printed name of signee
Signature of a meml This document is executed I am aware that any false in constitutes a third degree fe Cecile Diaz \$125.00 Filing Fee for Articles of Organ	State's records. Let be an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.153, F.S. Typed or printed name of signee
Signature of a member of a mem	State's records. State's records. Sector an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.153, F.S. Typed or printed name of signee Filing Fees: mization and Designation of Registered Agent
REQUIRED SIGNATURE: Signature of a member	State's records. State's records. Sector an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.153, F.S. Typed or printed name of signee Filing Fees: mization and Designation of Registered Agent

ARTICUE IV-