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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	ew Filing Section ivision of Corporations
SUBJECT	William M. Bohatka Consulting Services, LLC
SOBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rm all correspondence concerning this matter to the following:
	Terry R. Kroggel
	Name of Person
	Terry R. Kroggel, PA
	Firm/Company
	3802 Ehrlich Rd., Suite 206
	Address
	Tampa, FL 33624
	City/State and Zip Code Terry@Kroggel-CPA.Com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Terry R. Kroggel 813 355-1724 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
S125.00 F	iling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street Address New Filing Section New Filing Section Division of Corporations Division of Corporations

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability	Company is:		
William M. Bohatka (Consulting Services, LI	LC	
(Must conta	in the words "Limited"	Liability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal o	ffice of the Limite	ed Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
314 Camelia Dr.		31	4 Camelia Dr.
Gulf Breeze, FL 3362	4	<u>G</u> ı	ılf Breeze, FL 33624
(The Limited Liability Company of another business entity with an action of the name and the Florida street as	ctive Florida registratio	n.)	You must designate an individual or
	Terry R. Kroggel		
		Name	
	3802 Ehrlich Rd., Su	ite 206	
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)
	Tampa, FL 33624		
	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..

(CONTINUED)

f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	Title:	Name and Address:
William M. Bohatka 314 Camelia Dr. Gulf Breeze, FL 32561 (Use attachment if necessary) E V: Effective date, if other than the date of filing: 04/01/17 (OPTIONAL) certive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	"AMBR" = Authorized Member	
(Use attachment if necessary) E.V: Effective date, if other than the date of filing: 04/01/17 (OPTIONAL) extive date is listed, the date must be specific and cannot be more than five business days prior to or 90 conferment's effective date in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	"MGR" = Manager	
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)