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 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : CORP USA
 Account Number : 07245003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

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FLORIDA DEPARTMENT OF STATE
 BUREAU OF COMMERCIAL
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**FLORIDA LIMITED LIABILITY CO.
 BOSCOBEL GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JUL 21 2017
 C Kinsey

2017 JUL 20 AM 10:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
BOSCOBEL GROUP, LLC

ARTICLE I

The name of the Limited Liability Company is:
BOSCOBEL GROUP, LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:
7908 Embassy Blvd
Miramar, FL 33023

ARTICLE III

The purpose for which this Limited Liability Company is organized is:
Any and all Lawful Business

ARTICLE III

The name and Florida street address of the registered agent is:

Milton Barrett
7908 Embassy Blvd
Miramar, FL 33023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 provided for in Chapter 605, F.S.


Milton Barrett

ARTICLE IV

The name and address of each Manger or Managing Member is as follows:

MGRM

Milton Barrett
7908 Embassy Blvd
Miramar, FL 33023

MGRM

Stanley Gordon
9701 NW 18th Place
Plantation, FL 33023

MGRM

Patrick Gordon
9701 NW 18th Place
Plantation, FL 33023

ARTICLE V

Effective date shall be the date of filing.

SIGNATURE



print name: MILTON BARRETT

(In accordance with 605.408(3) Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I AM AWARE THAT ANY FALSE INFORMATION SUBMITTED IN A DOCUMENT TO THE Department of State constitutes a third degree felony as provided in s 817.155. F.S.)

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