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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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07/27/17--01024--015 **125.00

JUL 28 2017 K. Brumbley

COVER LETTER

SUBJECT	BOSSTON MANAGEMENT LLC
0000001	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	ANISSA K LEE
	Name of Person
	Firm/Company
	10920 AVANA WAY APT 303
	Address
	TRINITY FL 34655
	City/State and Zip Code BOSSTONMANAGEMENTLLC@GMAIL.COM
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	ANISSA K LEE 978 360-9732
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
S125.00 Fi	

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

The name of the Li	ne:		
	mited Liability Company is:		
BOSST	ON MANAGEMENT LLC		
 ,	(Must contain the words "Limited I	iability Company, "L.I	C.," or "LLC.")
ARTICLE II - Ad The mailing addres	dress: is and street address of the principal of	fice of the Limited Lial	bility Company is:
	Principal Office Address:		Mailing Address:
10920.	AVANA WAY APT 303	10920 A	.VANA WAY APT 303
	TY FL 34655		Y FL 34655
			
The name and the l	Florida street address of the registered	agent are:	
		: varite	
	10920 AVANA WAY		
	10920 AVANA WAY Florida street address		table ;
		Y APT 303	34655
	Florida street address	Y APT 303 (P.O. Box <u>NOT</u> accep	

(CONTINUED)

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 7/21/2017 (OPTIONAL) (OPTIONAL)	Title: "AMBR" = Authorized "MGR" = Manager	Name and Address: Member
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 1/21/2017 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:		
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