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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Bot Buldry Sovous LLC Name of Jimited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolus J. Bot Name of Person
Name of Person
P. 0 Box 1358 Address
Address
Havana FL 32333
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cavolus Box at (850) 320-0333 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision 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:
Bot Bulding Services L.C.C
BOL DUNCHING STORES
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
050 AMAA PARMAA PH DA ROX 125B
HOUMA FL JANA
37.3.3.3
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Profina Street address of the revisional agent are.
Carolus Bot Name REC Arrange Romanna P. / REC
Name O / 32
958 Amos Barmeau Rd
Florida street address (P.O. Box NOT acceptable)
MUWANG FC 32335
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 cortificate. 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
am jamiliar with and accept the doligations of my position as registered agent to produce a security of the company of the com
Registered Agent Signature (REQUIRED)
(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Carolus V. Bot P.O. BOX 1358 Hawana (L.
	32333
(Use attachment if necessary) E.V: Effective date, if other than the date of file for the date is listed, the date must be specific.	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
of filing.) f the date inserted in this block does not meet t	the applicable statutory filing requirements, this date will not
of filing.)	the applicable statutory filing requirements, this date will not ate's records.
of filing.) The date inserted in this block does not meet to ment's effective date on the Department of State VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of this document is executed in I am aware that any take info	the applicable statutory filing requirements, this date will not ate's records. For 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 only as provided for in s.817.155, F.S.

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)