L19000096338

(Requestor's Name)	
(Address)	
(Address)	
(Addless)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
 -	 1
Special Instructions to Filing Officer:	





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COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	ECT: BOMAK ASSETS. Name of Limite	LLC	
501	Name of Limite	ed Liability Company	
The en	nclosed Articles of Organization and fee(s) are st	ubmitted for filing.	
Please	e return all correspondence concerning this matte	r to the following:	
	William	- CL v-d L	
		Name of Person	
	2365 (enter	-ville RJ	
		Address	<u>.</u>
	City Wohardy La C E-mail address: (to be used to	FL 323	05
	City	/State and Zip Code	
	wohardy 69 @	gmari. Win	
	E-mail address: (to be used to	т future annual report notificatio	n)
For turt	ther information concerning this matter, please c	all:	
	William Hardy at S	(50) 556 786	15
	Name of Person Area	a Code Daytime Telephone	Number
Enclo	osed is a check for the following amount:		
]\$125.	.00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section	
	Division of Corporations P.O. Box 6327	Division of Corporation Building	0118
	Tallahassee FI 32314	2661 Executive Center	r Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Band	< G < < 0 7 c '- L (
(Mus	く たららさすら, - 4 (contain the words "Limited Liability Cor	npany. "L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and sta	reet address of the principal office of the L	imited Liability Company is:		
<u>Pr</u>	incipal Office Address:	Mailing Address:		
2365C	1950 FL 32368			
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registere npany cannot serve as its own Registered : h an active Florida registration.)	d Agent's Signature: Agent. You must designate an individual or	r	20
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registered apparts cannot serve as its own Registered a han active Florida registration.)	Agent. You must designate an individual or		. 6183
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registere npany cannot serve as its own Registered : h an active Florida registration.)	Agent. You must designate an individual or	in the second se	2819
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registered apparts cannot serve as its own Registered a han active Florida registration.)	Agent. You must designate an individual or	in the second se	2818 CC 15 A
ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, & Registered on pany cannot serve as its own Registered of the native Florida registered agent are: Lelvin Lelvin Name	Agent. You must designate an individual or	in the second se	2019 :::::: 15 .:::::::::27

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)

Plul WuA Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M () ()	416 Collins Ford 12d
	70110 Na 55 CT: 1=6 52301
MGR	Kelvin Whitaker 102 Penderosa Lane Midwy, FL 32343
	Midday, TC 32773
	H 10: 27
(Use attachment if necessary)	2
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
<u> </u>	
REQUIRED SIGNATURE:	
<u> </u>	ember or an authorized representative of a member.
This document is exect I am aware that any fals	ited in accordance with section 605.0203 (1) (b), Florida Statutes, ite information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)