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COVER LETTER

	w Filing Sect vision of Cor				
SUBJECT		BOCA WES	ST INVESTA	MENT, LLC	
SUBJECT.	Name of Limited Liability Company				
The enclose	d Articles of	Organization and fee(s) a	re submitted	for filing.	
Please retur	n all correspo	ndence concerning this n	natter to the f	ollowing:	
			Tracy Ng	guyen	
			Name of	Person	
			Firm/Co	mpany	
			10920 Stel		
			Addr		
		Th	onotosassa, I	FL 33592	
			City/State an	•	
_	E	E-mail address: (to be use	·-·	t@gmail.com nnual report notificati	ion)
For further in	nformation co	ncerning this matter, plea	se call:		
	Trac	cy Nguyen	(561)	883-3752	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for th	he following amount:			
国\$125.00	Filing Fee	□\$130.00 Filing Fee of Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	BOCA WEST INVEST			
(Must conati	in the words "Limited Lia	bility Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal offic	ce of the Limited L	iability Company is:	
Principal Office Address: 10920 Stebbing Ct			Mailing Address: 10920 Stebbing CT	
Thonotosassa,	Florida 33592		Thonotosassa, Florida 33592	
The name and the Florida street a	Tra N	gent are: guven	ou must designate an individual or	
	ddress of the registered a	gent are: guven Name		
	ddress of the registered a	gent are: guven Name Stebbing Ct		
	ddress of the registered a _l Tra N 10920	gent are: guven Name Stebbing Ct		
	ddress of the registered at Tra N 10920 Florida street address (gent are: guven Name Stebbing Ct P.O. Box <u>NOT</u> acc	reptable)	

(CONTINUED)

FILED
2019 DEC 13 PN 4: 24

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"MGR" = Ma	uthorized Member
	-
AMBR	10000 C. 11' C.
	Thonotosassa, Florida 33592
MBR	Luke T. Nguven
	10920 Stebbing Ct Thonotosassa, Florida 33592
	Thonotosassa, Florida 33592
an effective date is e date of filing.) ote: If the date inser e document's effecti	e date, if other than the date of filing: January 05, 2020 (OPTIONAL) listed, the date must be specific and cannot be more than five business days prior to or 90 days after ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ve date on the Department of State's records.
RTICLE VI: Other p	rovisions, if any.
DECUBBER	CICNATURE
RECORED	SIGNATURE:
	Jesopun
	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.
	Tra Nguven
	Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)