

L20000069464

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
BOSANET LLC

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

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2020 MAR -5 PM 3:35

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3/5/2020 9:50:44 AM PAGE 1/001 Fax Server



March 5, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE

SUBJECT: BOSANET LLC
REF: W20000024292

FILED
2020 MAR -5 PM 3:35
TALLAHASSEE, FL

We have received your document for BOSANET LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

PLEASE TYPE THE INFORMATION IN THE ARTICLES IN A BIGGER FONT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: E20000071384
Letter Number: 420A00004854

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOSANET LLC

(Must end with 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:4466 W Whitewater Av. Weston, FL 33332Mailing Address:4466 W. Whitewater Ave., Weston, FL 33332

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 another business entity with an active Florida registration.)

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

Francisco Borrero

Name

4466 W Whitewater AveFlorida street address (P.O. Box **NOT** acceptable)WestonFL33332

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 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Francisco Borrero

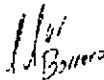
4466 W. Whitewater Ave.

Weston, FL 33332

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED 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.

Francisco Borrero

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)