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### **COVER LETTER**

	ion of Corporations
SUBJECT: _	KENNETH W. Boggs, LLC Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return al	Il correspondence concerning this matter to the following:
	KENNETH W. Boggs Name of Person
	KENNETH W. Boggs LLC Firm/Company)
	221 7 TH STREET #B Address
	PORT ST. JOE FL 32456  City/State and Zip Code  KB09951@A01. Com  E-mail address: (to be used for future annual report notification)
For further infor	mation concerning this matter, please call:
<u>K</u> i	Name of Person Area Code Daytime Telephone Number
Enclosed is a cl	heck for the following amount:
\$125.00 Fili	ng Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
}	
KENNETH W. Boggs LLC	
(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	

Principal Office Address:	Mailing Address:
221 7TH STREET #B	221 7TH. STREET #B
TOKT ST. JOF, F1 32436	PORT ST. JOE, FI 32456

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:

KENNE	TH W, B	0995
	Name	U J
221 77	TH STREET	#B
Florida street address	(P.O. Box NOT a	cceptable)
PORT ST.	JOE, FI	32456
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 agree istered agent as provided for in Chapter 605, F.S..

Registered Agerit's S

re (REQUIRED)

(CONTINUED)

20 MG = 7 AM II : 00

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  KENNETH W. Boggs  AMBR	221 77H STREET #B PORT ST. JOF, FI 32456
איייטת	
	<del> </del>
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	e of filing: <u>AU9. 57H 2o2o</u> . (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
,	

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.

KENNETH W. Bogg S
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)