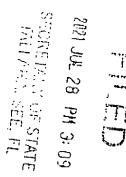
# L21000341551

(Re	questor's Name)	
<b>(</b>	<b>,</b>	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200370514532



07/25/21--01003--019 \*\*125.00



RECEIVED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BONEHOOK REAL	TY LLC			
			<u> </u>	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			<u></u>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
			<del></del>	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<del></del>			Fictitious Owner Search
5.5				Vehicle Search
<del></del>				Driving Record
Requested by: Seth	07/27/21			UCC 1 or 3 File
Name	$-\frac{07/27/21}{Date}$	Time		UCC 11 Search
Hallic	Date	THIC		UCC 11 Retrieval
Walk-In Thomsevee GA 8/00	Will Pick Up			Courier

### **COVER LETTER**

	ew Filing Section ivision of Corporations		
SUBJECT	BONEHOOK REALTY LLC		
300000	Name of	Limited Liabil	ity Company
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the f	following:
	OLHA MORMUL		
		Name of	Person
	PBM CONSULTING COMPANY		
		Firm/Co	mpany
	100 VILLAGE GREEN DR UNIT 2	220	
		Addre	ess
	LINCOLNSHIRE IL 60069		
	ADMIN@PBM-CONSULTING.COI	City/State and	d Zip Code
	E-mail address: (to be us	ed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
	OLHA MORMUL	630	4404975
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee S130.00 Filing Fee & Certificate of Status	_	O Filing Fee & \$160.00 Filing Fee, 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 of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301



July 26, 2021

CAPITAL CONNECTION

SUBJECT: BONEHOOK REALTY LLC

Ref. Number: W21000105242

We have received your document for BONEHOOK REALTY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is typo in the Principal office address.

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.

Neysa Culligan Regulatory Specialist III

Letter Number: 121A00017439

-015-5 05FICE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUL 28 PH 3: 10

A	R	П	$\mathbf{C}$	LE.	f	- Na	me

The name of the Limited Liability Company is:

SECRETARE OF STAT TALLAHAS SEE, FI	Ε
MELANIAS SEE FI	_

BONEHOOK	REALT	Y	LI	C

(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:
2624 NE NINTH STREET	3930 S ROOSEVELT BLVD APT 206S
POMPANO BEACH FL 33062	KEY WEST FL 33040

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:

	Name	
3930 S ROOSEVE	LT BLVD APT 206S	
Florida street addre	ss (P.O. Box NOT ac	cceptable)
KEY WEST	FL	33040

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)

	The name and address of			•	
	<u>Title:</u> "AMBR" = Authorized	Mamhau	Name and Address:		
	"MGR" = Manager	Member		(V)	2621
	MGR		PAMAZAN VELIMETON	₹O	
			RAMAZAN VELIMETOV  3930 S ROOSEVELT BLVD APT 206S	<del>_</del> 윤깔	<u>المنا</u>
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	(Use attachment if neces	sary)			
the date	of filing.) If the date inserted in this	date must be specific and	cannot be more than five business days prior to or oplicable statutory filing requirements, this date will records.		
	LE VI: Other provisions, if				
	REQUIRED SIGNATU	JRE:			
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		harmound	Velimiter		
	Sig	nature of a member or a	an authorized representative of a member	_	
	Sig This doc	gnature of a member or a	an authorized representative of a member.	<del>-</del>	
	Sig This doc I am awa	nature of a member or a ument is executed in account are that any false informati	an authorized representative of a member.  ordance with section 605.0203 (1) (b), Florida Statute on submitted in a document to the Department of Statute	s.	
	Sig This doc I am awa	nature of a member or a ument is executed in account are that any false informati	an authorized representative of a member	s.	
	Sig This doc I am awa constitute	gnature of a member or a ument is executed in accounter that any false informations as a third degree felony as	an authorized representative of a member.  ordance with section 605.0203 (1) (b), Florida Statute on submitted in a document to the Department of Statute provided for in s.817.155, F.S.	s.	
	Sig This doc I am awa constitute	gnature of a member or a ument is executed in accounted are that any false information as a third degree felony as AMAZAN VELIMETOV	an authorized representative of a member.  ordance with section 605.0203 (1) (b), Florida Statute on submitted in a document to the Department of Statute provided for in s.817.155, F.S.	s.	

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)