

L22 000308030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

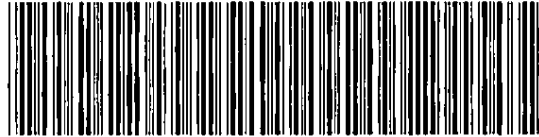
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
JUL 13 2022

22 JUL 12 PM 2:51

ALL CHASSEE, FTS

2022 JUL 12 PM 3:57

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: \$125.00

AUTHORIZED SIGNATURE _____

BOJO SODA, LLC

BUSINESS

DOCUMENT #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ **Certified Copy of Articles of Incorporation**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ Other

___ **CORP**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTILLE () _____
Country

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ **Conversion**

___ **Revocation**

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FL 32309
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James R. Luch

BOJO SODA, LLC

BUSINESS

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___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

22 JUL 12 PM 2:51

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Bojo Soda, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Paulick

Name of Person

Bojo Soda, LLC

Firm/Company

125 NE 32nd St #1418

Address

Miami, FL 33137

City/State and Zip Code

bojosoda@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Paulick 818 530-3037
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Christopher Paulick
125 NE 32nd St #1418
Miami, FL 33137

(Use attachment if necessary)

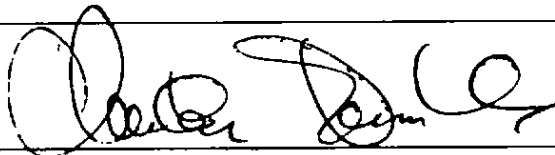
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Christopher Paulick

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)

22 JUL 12 PM 2:51
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bojo Soda, 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:

Mailing Address:

125 NE 32nd St. #1418

Miami, FL 33137

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:

Christopher Paulick

Name

125 NE 32nd St #1418

Florida street address (P.O. Box **NOT** acceptable)

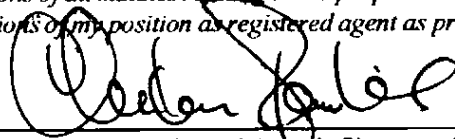
Miami, FL 33137

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)

22 JUL 12 PM 2:51
NOTED
JUL 12 2012