Laa000397819

	(Requestor's Name)	
	(Address)	
	(Address)	
•	Address)	
(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	a dilina	
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
	-	
Special Instructions to	Filing Officer:	
L		

Office Use Only



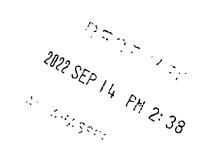
300394101773

S. CHATHAM SEP 15 2022

#MORE NO. 12 (2) **LE1.00

2027 SEP -8 PM 3: 03

22 SEP 14 PH 3. C



September 9, 2022

, ... - ... '

CAPITAL CONNECTION, INC.

SUBJECT: BOLO HOMES 19, LLC Ref. Number: W22000114075

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

Please ensure the person authorized to manage a company has a title.

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

Letter Number: 322A00020046

Summer Chatham Regulatory Specialist II New Filing Section

www.sunbiz.org

CAPITAL CONNECTION, INC.

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

		İ		
Bolo Homes 19, LLC				
			<u> </u>	
				Art of Inc. File
		<u> </u>		LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	09/13/22			UCC Lor 3 File
Name	Date	Time		UCC 11 Search
, vario		.,		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

(Mu	9, LLC st contain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and s	treet address of the principal off	ice of the Limited	Liability Company is:	
<u> P</u>	rincipal Office Address:		Mailing Address:	
3038 Wentwo	rth Way	3038	Wentworth Way	
Tarpon Spring	s, FL 34688	<u>larp</u>	on Springs, FL 34688	
Tarpon Spring RTICLE III - Register he Limited Liability Co	ed Agent, Registered Office, &	Registered Agent.		
Tarpon Spring RTICLE III - Register the Limited Liability Coother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Fith an active Florida registration street address of the registered at Lorina K. Smith	Registered Agent. Segistered A	t's Signature:	
RTICLE III - Register The Limited Liability Conother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Fith an active Florida registration street address of the registered at Lorina K. Smith	Registered Agent. \(\)	t's Signature:	22 SEP 14
Tarpon Spring RTICLE III - Register The Limited Liability Conother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Fith an active Florida registration street address of the registered at Lorina K. Smith	Registered Agent. Segistered A	t's Signature:	22 SEP 14 PH
Tarpon Spring RTICLE III - Register The Limited Liability Conother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Fith an active Florida registration street address of the registered a Lorina K. Smith	Registered Agent. Name	t's Signature: 'ou must designate an individual	22 SEP 14 PM 3:
Tarpon Spring RTICLE III - Register The Limited Liability Conother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Fith an active Florida registration street address of the registered a Lorina K. Smith 3038 Wentworth Way	Registered Agent. Name	t's Signature: 'ou must designate an individual	22 SEP 14

Amith

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title: "AMBR" = Autl	anizad Mambas		
"MGR" = Mana			
MGR	961	Lorina K, Smith	
MOR		3038 Wentworth Way	-
		Tarpon Springs, FL 34688	_
			22
			SEP
			- ' ت
			Hd th
			. +
			ب.
			0
			. 35
			-
			-
(Use attachment LE V: Effective of	late, if other than the o	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90	days
LE V: Effective of fective date is lise of filing.) If the date inserted	late, if other than the ded, the date must be din this block does not date on the Departm	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ment of State's records.	
LE V: Effective of fective date is lise of filing.) If the date inserted turnent's effective	ate, if other than the deed, the date must be din this block does not date on the Departmentations, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	
TLE V: Effective of ffective date is lise e of filing.) If the date inserted cument's effective TLE VI: Other pro-	ate, if other than the deed, the date must be din this block does not date on the Departmentations, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	
CLE V: Effective of ffective date is lise of filing.) If the date inserted the cument's effective of the cument's effecti	late, if other than the deed, the date must be deed, the date must be deed, the date must be deed, the date on the Department visions, if any. GNATURE: Signature of a This document is ex I am aware that any if	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	
CLE V: Effective of ffective date is lise of filing.) If the date inserted the cument's effective of the cument's effecti	late, if other than the deed, the date must be deed, the date must be deed, the date must be deed, the date on the Department visions, if any. GNATURE: Signature of a This document is ex I am aware that any if	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.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)