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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		j

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 967706 4351112
AUTHORIZATION: Sur Sena
COST LIMIT : \$ 125.00
ORDER DATE : September 1, 2023
ORDER TIME : 2:48 PM
ORDER NO. : 967706-010
CUSTOMER NO: 4351112
DOMESTIC FILING
NAME: BOCA EQUIPMENT LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson - EXT.
EXAMINER'S INITIALS:

COVER LETTER

	few Filing Section Division of Corporations			
SUBJECT	BOCA EQUIPMENT LLC			
SUBSEC		f Limited Liabil	ity Company	
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.	
Please retu	ım all correspondence concerning thi	s matter to the	following:	
	JOHN T. FORD			
		Name of	Person	
		Firm/Co	mpany	
	356 Sonoma Isles Circle			
		Addı	ess	
	Jupiter, FL 33478			
	:-1-6-10	City/State an	d Zip Code	
	john.ford@waxcenter.com E-mail address: (to be u	used for future a	innual report notificati	ion)
For further i	information concerning this matter, pl	lease call:		
	JOHN T. FORD	9 7 3	464-2481	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for the following amount:			
	Filing Fee \$130.00 Filing Fe Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section Di	vision
	Division of Corporations		The Centre of Tailaha	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability	Company is:			
BOCA EQUIPMENT		-dribble Co	WILCH-MICH	
(Must comm	in the words 'Limbi	ed Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principa	al office of the Li	imited Liability Company is:	
Principa	Principal Office Address:		Mailing Address:	
356 Sonoma Isles Circ	-Ia		356 Sonoma Isles Circle	
Jupiter, Florida 3347			Jupiter, Florida 33478	
A DOTICE DE III De determed à acc	at Danistanus Offi	as & Demistrance	l A gant's Slongtones	
ARTICLE III - Registered Ages (The Limited Liability Company)			i Agent's Signature: gent. You must designate an individual o	r
another business entity with an ac				
ME				
The name and the Florida street as	outest of the registe	ted agent are:		
	JOHN T. FORD			
		Name		
	356 Sonoma Isles	Circle		
	Florida street add	ress (P.O. Box N	OT acceptable)	
,	Jupiter	FL	33478	
	City	State	Zip	
			Continue of the standard of the billion of the standard of the	
naving been namea as regisierea a; place designated in this certificate. I	çeni anu io accept si l'hereby accept the a	ervice oj process) urbointment as re	for the above stated limited liability compo gistered agent and agree to act in this cap	actty. I
further agree to comply with the pro	visions of all statute	s relating to the p	proper and complete performance of my di	utics, and l
un familiar with and accept the obl	igation s of my positi	on as registered a	ngern as provided for bi Chapter 605, F.S.	
	N /	4		
	X	ter	<u>/</u>	
	Res	gistered Agent's	Signature (REQUIRED)	
		/		
		(CONTINU	JED)	

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	JOHN T. FORD		
	356 Sonoma Isles Circle Jupiter, PI, 33478		
			
			
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)		
f an effective date is listed, the date must be sp e date of filing.)	pecific and cannot be more than five business days prior to or 90 days after		
ote: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as		
e document's effective date on the Department	of State's records.		
RTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
NATURAL SIGNATURAL			
1			
This document is execu	ember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes.		
	e information submitted in a document to the Department of State		
	e information submitted in a document to the Department of State se 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)

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