(Re	questor's Name)	_
(Ad	dress)		_
(Ad	dress)		
			_
(Cit	y/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	ime)	-
(Do	cument Number)	_
Certified Copies	_ Certificate	es of Status	_
Special Instructions to I	Filing Officer		7
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Office Use Only



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		CO	VERLEITER	
	ew Filing Sectivision of Co			
SUBJECT		aples, LLC		
Sobsec.	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Organization and fee(s) are	e submitted for filing.	
Please retu	ırn all correspo	ondence concerning this ma	atter to the following:	
	Richard Boo	chme		
			Name of Person	
			Firm/Company	
	2434 Semin	ole Road		
			Address	
	Atlantic Bea	ich, FL 32233		
		С	ity/State and Zip Code	
	drbochme@ja	axneuro.com		
	1	E-mail address: (to be used	for future annual report notificat	ion)
For further i	nformation co	ncerning this matter, please	call:	
	Richard Boe	hme 90 at (716-2319	
	Nam	ne of Person A	rea Code Daytime Telephon	ne Number
Enclosed is	s a check for t	he following amount:		
X\$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

Street Address New Filing Section Division The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bochme Nuples		E. C. W. L. C. B. W. L. C. B.	<u></u>
(MUSI	contain the words "Limited Liab)	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the principal office	of the Limited Liability Company is:	
Pr	incipal Office Address:	Mailing Address:	
2434 Seminole		2434 Seminole Road	
Atlantic Beach,	FL 32233	Atlantic Beach, FL 32233	
 (1 hc Limited Liability Con 	d Agent, Registered Office, & Ri ppany cannot serve as its own Reg th an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual c	2023. SECR TAL
(the Limited Liability Con another business entity wit	npany cannot serve as its own Reg th an active Florida registration.) street address of the registered age: Randy Fairbanks	istered Agent. You must designate an individual on the state of the st	JUN 23
another business entity wit	npany cannot serve as its own Reg th an active Florida registration.) street address of the registered age Randy Fairbanks Na	istered Agent. You must designate an individual on the are:	SECRETARY OF STALLAHASSEE
another business entity wit	rpany cannot serve as its own Reg th an active Florida registration.) street address of the registered age: Randy Fairbanks Na 5210 Belfort Road Suite	istered Agent. You must designate an individual on are: me	Zishima
another business entity wit	rpany cannot serve as its own Reg th an active Florida registration.) street address of the registered age: Randy Fairbanks Na 5210 Belfort Road Suite	istered Agent. You must designate an individual on the are:	PH 2:3
another business entity wit	rpany cannot serve as its own Reg th an active Florida registration.) street address of the registered age: Randy Fairbanks Na 5210 Belfort Road Suite	istered Agent. You must designate an individual on are: me	PH 2: OF STA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DTICL	1	117	

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

<u>litle:</u>		Name and Address:	
"AMBR" = Autho			
"MGR" = Manag	ger		
MGR		Richard Boehme	
		2434 Seminole Road	
		Atlantic Beach. FL 32233	
AMBR		Ingrid Boehme	
71111211		2434 Seminole Road	
		Atlantic Beach, FL 32233	
			
		<u></u>	20
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			23
(Use attachment i	if necessary)	SX	
		SEL	3 1
ARTICLE V: Effective da	ite, if other than the date	te of filing: July 1, 2023	المستعواخ
If an effective date is liste	d, the date must be sp	pecific and cannot be more than five business days probato	or 🔊 days after
ne date of tiling.)		Lu)	CQ
		meet the applicable statutory filing requirements, this date w	ill not be listed a
the document's effective d	late on the Department	t of State's records.	
ARTICLE VI: Other provis	sions if any		
None	sions, it dity.		
			
REQUIRED SIG	GNATURE:		
		UL 1	
		N Sollin	
	Signature of a kin	nember or an authorized representative of a member.	
	'his document is execu	uted in accordance with section 605.0203 (1) (b), Florida Stat	
		se information submitted in a document to the Department of S	State
CC	onstitutes a third degre	ee felony as provided for in s.817.155, F.S.	

as

Filing Fees:

Richard Boehme
Typed or printed name of signee