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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2013

CHRISTY JUSTI P.O. BOX 1735 OLDSMAR, FL 34677

SUBJECT: BOA MANAGEMENT, LLC

Ref. Number: W13000064716

We have received your document for BOA MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

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) 245-6051.

Letter Number: 913A00027013

Tammi Cline Regulatory Specialist II

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CR2E027 (9:10) COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: BOA Management, LC. Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Figure 2.	ate of lorida
Please return all correspondence concerning this matter to the following:	
Christy Justina Name of Person	
BOA Management, UC. Firm/Company	
Firm/Company Property	29.1.2 2.1.2
P.O. Box 1735	חבר וס
Oldsman, FL 34677 City/State and Zip Code	O PH 3: 57
Christy @ gsaapplications.com -mail militiess: (to be used for future annual report notification)	57
For further information concerning this matter, please call:	
Christy Justi at (813) 792-4600 extaaa Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section STREET ADDRESS: Division of Corporations Registration Section	

Registration Section

2661 Executive Center Circle Tallahassee, FL 32301

□ \$155.00 Filing Fee &

Certified Copy

□ \$160.00 Filing Fee. Certificate

of Status & Certified Copy

Clifton Building

Certificate of Status

P.O. Box 6327

Tallahassee, FL 32314

Enclosed is a check for the following amount:

S125.00 Filing Fee S130.00 Filing Fee &

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Mana	aging	
Members of Boh Mornagenent, 112 (Name of Limited Liability Company)	,	
a limited liability company duly organized and existing under the laws of		
(State or Country of Organization)		
Because the name of this foreign limited liability company does not satisfy the	e	
requirements of the s. 608.406, F.S., the limited liability company hereby ado	pts the	
following name to transact business in the state of Florida:	31.00 31.00	
(Name to be used by Limited Hability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)		_
Date: 12/4/2013		ب ا ا
Signature(s) of Manager(s) and/or Managing Member(s):	SP,	<u>~</u>
Faren Sul		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Bon Management, LLC.
(Name of Foreign Limited Liability Company, "L.L.C.," or "L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company." "L.L.C." "LLC.") Delaure 11/27/2012 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 9. The name and usual business addresses of the managing members or managers are as follows: 8. If limited liability company is a manager-managed company, check here 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in

11. Nature of business or purposes to be conducted or promoted in Florida: Payroll +

Censulting Services.

the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a

translation of the certificate under oath of the translator must be submitted.)

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507. FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	•
BOA Management, LIC.	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Karen Logue.	2013 DEC SECRETA
9782 Trum pet Vine Loup Florida Street Address (P.O. Box NOT ACCEPTABLE)	TARY OF ASSET.
Trinity FL 34655 City/State/Zip	3: 57 (32)56 (32)56

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 608, Florida Statutes.

\$100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOA MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOA MANAGEMENT LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2012.

5247674 8300

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AUTHENTICATION: 0906980

DATE: 11-19-13

You may verify this certificate online at corp.delaware.gov/authver.shtml