



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2018

PROFESSIONAL ACCOUNTING GROUP,
PO BOX 622521
ORLANDO, FL 32862-2521

SUBJECT: BUMPER PROTECTION PR LIMITED LIABILITY COMPANY
Ref. Number: W18000070625

We have received your document for BUMPER PROTECTION PR LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 418A00015977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 AM 9:44

FILED

Articles of Organizations
OF
Bumper Protect, Pro. Limited Liability Company.

KNOW ALL MEN BY THESE PRESENTS: That we, Leon Wright, Appearance Perfection, LLC, Bob Binns Motivational Corp, Bone Dawg Enterprises, Inc desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, do establish:

1. Company Name: That the name of the limited liability company is Bumper Protect Pro. Limited Liability Company.

2. Duration: That the period of duration of this limited liability company is thirty years from the date of filing hereof with the Florida, unless sooner dissolved as provided by Florida law.

3. Purpose: That the purpose for which this limited liability company is organized is primarily to any and all legal business, and other goods and services that are permitted by law, within and without the Florida as the laws of Florida and other states permit.

4. Principal Place of Business: That the address of its principal place of business is 11920 Cassiabark Ct Orlando, FL 32837

5. Registered Agent and Office: That the name of its registered agent, whose Consent to Appointment as Registered Agent accompanies these articles, is Professional Accounting Group, LLC c/o David Olivencia, JSM and address of the agent at the registered office is 6900 Tavistock Lakes Blvd Suite 400 Orlando, FL 32827.

6. Capitalization: That the total capital contributions of each Member, which is his or its respective undivided interest in personal property having at least a value totaling 100.00 should be allocated as follows: 75 Cash Contribution, Appearance Perfection, LLC, 12.50 Bob Binns Motivational Corp & 12.50 Bone Dawg Enterprises, Inc.

75 Cash Contribution, of Appearance Perfection, LLC and 12.50 Bob Binns Motivational Corp & 12.50 Bone Dawg Enterprises, Inc. is to serve as Chief Manager and Executive Officers.

7. Additional Liability of Members: That no additional capital contributions will be required.

8. Admission of Additional Members: That additional Member will be admitted or expelled only with the unanimous consent of all Members entitled to participate in management and upon such terms as are unanimously agreed to by all Members entitled to a dividend upon dissolution or liquidation.

REGISTERED AGENT CERTIFICATE

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 605.0101 and 605.0902, Florida Statutes, the following is submitted in compliance with said statutes:

That Bumper Protect, Pro, LLC, having been organized under the laws of the State of Florida Limited Liability Company Act, with its principal office, as indicated in the articles of organization at 11920 Cassiabark Ct Orlando, FL 32837 has named Leon Wright, its registered agent; and 11920 Cassiabark Ct Orlando, FL 32837 as the place where service of process may be served within this state.

That this designation has been duly approved by a resolution of the organization's members as applicable under Florida Statute.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated organization, 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 relative 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 of the F.S.

Dated the 30 day of July, 2018

Leon Wright
REGISTERED AGENT

By: Leon Wright
Leon Wright

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AUG 17 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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