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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE

AUG 20 2018



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

9. Continuity of Life: That the remaining Members of the limited liability company may only have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company if they unanimously elect to do so. The return of capital and the distribution of profits shall be determined from the company's books, as of the effective date of withdrawal, based on generally accepted accounting practices, and paid as soon as practicable without diminishing the prospects of the company's ventures and subject to the limitations of the Florida Limited Liability Company Act.

10. Management: The business of the company shall be conducted under the exclusive management of its Members, or outside managers if its Members unanimously elect, who shall have exclusive authority to act for the company in all matters. The Members may from time to time designate certain Members as Officers to act for the Company in certain matters as specified by the [Operating Agreement].

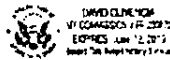
DATED this 30th day of July 2018.

Leon Wright
Leon Wright

Notary's Acknowledgment

State of Florida)
) ss
County of Orange)

On this 30th day, July 2018 before me personally appeared Leon Wright to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that Leon Wright executed the same as his free act and deed.



Notary Public, State of Florida
My Commission Expires: 06/12/2019

David C. Thompson

Commission # FF 239372

Personally Known
Or Produced Identification W623-520-67-001-0
Type of Identification produced Florida Drivers License

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TALLAHASSEE, FLORIDA

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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TALLAHASSEE, FLORIDA