L200003348/

(Requestor's Name)
(Address)
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, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY SELECTORISM

K Bunuples

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	(OFFICE USE ONLY)		
Corporation Name & Document Number	r, (if known):		
1. BIG DEVELOPMENT LLC			
(Corporation Name)	Document #		
2.			
(Corporation Name)	Document #		
_X Walk in	Pick up time		
Mail out	Apostil		
Photocopy	Certified Copy		
	Certificate of Status		
NEW FILINGS	<u>AMMENDMENTS</u>		
Profit Not for Profit X Limited Liability Domesitication Other	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Annual Report	Foreign		
Fictitious Name	Limited PartnershipReinstatementTrademarkOther		

EXAMINER'S INITIALS:_____

COVER LETTER

	Sew Filing Sec Division of Co				
end if C		ELOPMENT LLC			
SUBJEC	l;	Name of Li	mited Liabili	ty Company	
The enclo	sed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please ret	urn all correspo	ondence concerning this m	atter to the f	ollowing:	
	Bryan W. S	ykes, Esq.			
			Name of	Person	
	Meridian Pa	rtners Law P.A.			
			Firm/Co.	mpany	
	4923 West (Cypress Street			
	-		Addre	ess	
	Tampa, FL	33607			
			City/State and	d Zip Code	
		lianpartnerslaw.com			
	!	E-mail address: (to be used	d for future a	nnual report notificat	ion)
For further	information co	ncerning this matter, pleas	se call:		
, ,		13	443.5260		
	Nam		Area Code	Daytime Telephon	e Number
Enclosed i	is a check for t	he following amount:			
≡\$ 125.00) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	N 4(1)			Canada kalalmana	

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BIG DEVELOPMENT LLC	1177 0 41.07 41.07
(Must conatin the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12007 San Chaliford Ct, Tampa, FL 33626	12007 San Chaliford Ct, Tampa, FL 33626

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Name

4923 West Cypress Street
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33607

City State Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 FLB -4 AH 2: 55

ARTICLE IV-

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

Title:	Name and Address:
	Authorized Member
"MGR" = M	-
MGR	Teal Henderson 12007 San Chaliford Ct.
	Tampa, FL 33626
	Tampa, 15 330av
(Use attachm	ent if necessary)
·	•
RTICLE V: Effectiv	re date, if other than the date of filing: (OPTIONAL)
f an effective date is	listed, the date must be specific and cannot be more than five business days prior to or 90 days after
ie date of filing.)	
	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
he document's effecti	ve date on the Department of State's records.
DTICLE VI. O.I	
RTICLE VI: Other p	·
 	
•	
REQUIRED	SIGNATURE: (17)
	, side military
	\mathcal{L}
	Signature of a member or an authorized representative of a member.
	This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	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.
	Bryan W. Sykes, Esq., Authorized Representative
	Typed or printed name of signee

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)