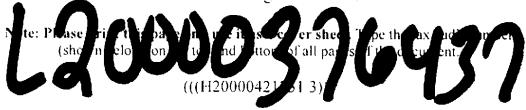
# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)843-4444

Attn: Tami D. Passley

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: troyantonik@kphmgt.com

# FLORIDA LIMITED LIABILITY CO. BAT Cuts Casselberry LLC

**QEC 1.0.2020** 

T. SCOTT

Certificate of Status	0
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#### ARTICLES OF ORGANIZATION OF BAT CUTS CASSELBERRY LLC

#### $ARTICLE \underline{I - NAME}$

The name of this limited hability company is BAT Cuts Casselberry LLC (the "Company "I

## ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 114 W. 1st Street, Suite 21s, Sanford, Florida 32771

# ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 114 W. 1st Street, Suite 21s. Sanford, Florida 32771 and the name of the initial registered agent of the Company at that address is I toy M. Antonik

#### ARTICLE IV MANAGEMENT

The Company is a manager-managed limited hability company, and the initial manager of the Company is BAT Cuts LLC, a Florida fimited hability company

Troy M. Antonik, Authorized Representative

## ACCEPTANCE OF REGISTERED AGENT

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. Thereby 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, Florida Statutes.