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(Re	questor's Name)	
(Ad	dress)	
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(Ĉit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	411



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SLUKT HARY OF STAT ALLAHASSEE, FLORI

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Bloomfield Technical Consu	lting LLC		
.,01,111,0		ne of Limited Liabi	lity Company	
The enclo	sed Articles of Organization and	fee(s) are submitted	l for filing.	
Please ret	urn all correspondence concernin	g this matter to the	following:	
	Ryan Bloomfield			
		Name of	'Person	
	Bloomfield Technical Consult	ng LLC		
		Firm/Co	ompany	
	5263 NW 18th Street			
		Add	ress	<u> </u>
	Ocala, FL 34482			
	rbloom@live.com	City/State ar	nd Zip Code	
		be used for future a	annual report notificati	ion)
For further	information concerning this matte	er, please call:		
	Ryan Bloomfield	352 at (256-0715	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amou	nt:		
□\$125.00	0 Filing Fee S130.00 Filin Certificate of St	atus Certif	5.00 Filing Fee & led Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

e mailing address and street		ffice of the Limite		
<u>Princi</u>	pal Office Address:		Mailing Addres	<u>is</u> :
5263 NW 18th Stre	et		63 NW 18th Street	
Ocala, FL 34482		<u>Oc</u>	rala, F1, 34482	
	Ryan Bloomfield	Nama		TALLAHASSEL. FLORID
	Nyan Diceminett	Name	·	75.57
	5263 NW 18th Street			Eron R
	Florida street address		acceptable)	17.08.7.
	Ocala, FL 34482			En o
	City	State	Zip	•
ving been named as registered ace designated in this certificate ther agree to comply with the p familiar with and accept the o	e, I hereby accept the apportrovisions of all statutes re	ointment as registe lating to the prop	red agent and agree to act in cr and complete performance	this capacity. I of my duties, and I

ARTICLE IV-

the state of the state of the state of

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	ſ	
AMBR	Ryan Bloomfield 5263 NW 18th Street Ocala, FL 34482	-
	TALLAHA	- -
	HASSET	
	DE SE	
_		
(Use attachment if necessary)		
If an effective date is listed, the date mu he date of filing.)	the date of filing:	•
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document I am aware that	of a member of an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State of degree felony as provided for in s.817.155, F.S.	
Ryan Blo	Oomfield Typed or printed name of signee	
	I yped or printed name of signee	
	Filing Lance	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)