

L14000144939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

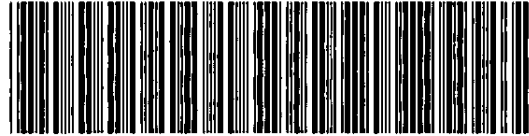
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY BUDDY CT, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabian Bagdes, Esquire

Name of Person

BAGDES & BAGDES

Firm/Company

407 N. Wild Olive Avenue

Address

Daytona Beach, FL 32118

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabian Bagdes

Name of Person

at (**386**)

258-7171
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
MY BUDDY CT, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be MY BUDDY CT, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is:

PRINCIPAL OFFICE ADDRESS:

1202 Ridgewood Avenue, Suite 300
Holly Hill, Florida 32117

MAILING ADDRESS:

1202 Ridgewood Avenue, Suite 300
Holly Hill, Florida 32117

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TALLAHASSEE, FLORIDA

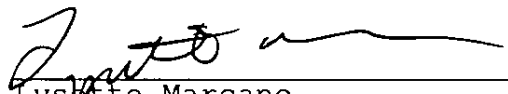
**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE**

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

Lysette Marcano
1202 Ridgewood Avenue, Suite 300
Holly Hill, Florida 32117

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 the position of registered agent as provided for in Chapter 605, F.S.


Lysette Marcano

ARTICLE IV - MANAGEMENT

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

TITLE:	NAME AND ADDRESS:
Authorized Member	Brian J. Whelan Lysette Marcano 1202 Ridgewood Ave., Suite 300 Holly Hill, Florida 32117
Authorized Member	Lysette Marcano 1202 Ridgewood Ave., Suite 300 Holly Hill, Florida 32117

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be the date of filing.

ARTICLE VI - PURPOSE

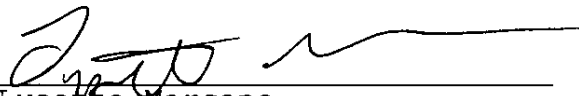
The purpose for which the company is formed is to own, hold, sell and lease real estate for profit.

In accordance with section 605.0203(1)(b), Florida Statute, the execution of this document constitutes as affirmation under the penalties of perjury that the facts stated herein are true. We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

IN WITNESS WHEREOF, we have signed our name this 8th day of Sept ~~July~~, 2014.



Brian J. Whelan
Authorized Member



Lysette Marcano
Authorized member

STATE OF FLORIDA
COUNTY OF VOLUSIA

On this 8 of Sept. ~~July~~, 2014, before me, the undersigned authority, appeared BRIAN J. WHELAN, who is personally known to me or who has produced FL driver's license identification; and, LYSETTE MARCANO, who is personally known to me or who has produced FL driver's license identification, and whose names are subscribed to the within instrument and having been duly sworn they acknowledged that they executed the same for the purposes contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal



Notary Signature

Seal:



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NOTARY OF STATE
FLORIDA