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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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T. SCOTT



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## **COVER LETTER**

	Registration Section  Division of Corporations			
SUBJECT	B A Products & Services LLC			
SUBJECT		Limited Liabilit	y Company	<del></del>
The enclos	sed Articles of Organization and fee(s)	are submitted i	or filing.	
Please retu	im all correspondence concerning this	matter to the fo	llowing:	
	William Antonen			
		Name of I	Person	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		Firm/Con	npany	
	2150 N. Dee River Rd			
	· · · · · · · · · · · · · · · · · · ·	Addre	SS	
	Inverness34453 Fl			
	bantonen@gmail.com	City/State and	Zip Code	
	E-mail address: (to be us	ed for future ar	nual report notifica	tion)
For further i	nformation concerning this matter, ple	ase call:		
	William Antonen	352	476 4289	
	Name of Person	Area Code	Daytime Telepho	ne Number
Enclosed i	s a check for the following amount:			
<b>]\$12</b> 5.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	) Filing Fee & d Copy I 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 Tallahassee, FL 32314	1 1 ( 2	Street Address New Filing Section Division of Corpora Clifton Building 1661 Executive Cer Fallahassee, FL 323	iter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

B A Products LLC (Must end v	with the words "Limit	ed Liability Compan	y, "L.L.C.," or "LLC.")	
ADDICED IX A LL			•	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal	office of the Limited	Liability Company is:	
Principa	al Office Address:		Mailing Address:	
2150 N. Dee River Ro	d	215	0 N. Dee River Rd	
Inverness F1 34453		Inve	Inverness FL 34453	
he name and the Florida street a	address of the register	cion.) ed agent are:		
'he name and the Florida street a	William Antonen	ed agent are:		
The name and the Florida street a	William Antonen  2150 N. Dee River	ed agent are:	acceptable)	
The name and the Florida street a	William Antonen  2150 N. Dee River	ed agent are:  Name  Rd	acceptable)	
The name and the Florida street a	William Antonen  2150 N. Dee River Florida street addr	ed agent are:  Name  Rd  ess (P.O. Box NOT a		

Page 1 of 2

(CONTINUED)

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(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:	innot be more than five business days prior to or 90 days afte
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cate date of filing.) ote: If the date inserted in this block does not meet the appet document's effective date on the Department of State's reserved.	(OPTIONAL) icable statutory filing requirements, this date will not be listed
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and care date of filing.)  ote: If the date inserted in this block does not meet the appet document's effective date on the Department of State's re	(OPTIONAL)  innot be more than five business days prior to or 90 days after icable statutory filing requirements, this date will not be listed
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•	COLUS.
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REOUIRED SIGNATURE:	
	authorized representative of a member.
	lance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information constitutes a third degree felony as p	n submitted in a document to the Department of State rovided for in s.817.155, F.S.
William Antonen	
Typed or	printed name of signee
Fil	ng Fees:
\$125.00 Filing Fee for Articles of Organization	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	

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

ARTICLE IV-

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