ML16000057413

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
: :		

Office Use Only



500281799715

03/10/16--01017--021 **130.00



MAR 3 0 2016

COVER LETTER

Registration Section TO: **Division of Corporations**

YDER DEVELOPMENT, LLC
Name of Limited Liability Company

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

Please reti

urn all correspondence concerning this matter to the following:
IAN BANDKLAYDER Name of Person
BANDKLAYDER DEVELOPMENT, LLC
1/500 SW 131 AVE.
MIAMI, FL 33186 IAN. BANDKLAYDER GMAIL. COM
E-mail address: (to be used for future annual report notification) information concerning this matter, please call:
TAN BANDKLAYDER 786 512 - 9368 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

For further

(additional copy is enclosed) Certif	00 Filing Fee, ficate of Status & Ted Copy nal copy is enclosed)
--------------------------------------	---

Mailing Address

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

Street Address

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

A DEBARTMENT

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2016

IAN BANDLAYDER 11500 SW 131 AVENUE MIAMI, FL 33186

SUBJECT: BANDKLAYDER DEVELOPMENT, LLC

Ref. Number: W16000020117

We have received your document for BANDKLAYDER DEVELOPMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Cannot accept this document for imaging purposes. I am enclosing a new form

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 416A00005535

www.sunbiz.org

Division of Companytions D.O. DOV 6207 Tollahorana Florida 20214

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

				•				
Ą	R1	ľ	C	LE	1	-	Na	me:

The name of the Limited Liability Company is:

Mailing Address:

Zip

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

City

Principal Office Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual another business entity with an active Florida registration.)	dual or
The name and the Florida street address of the registered agent are:	I6 HAR 29 SCEELLAHAS
11500 5W 131 AVE.	AMIO:
Florida street address (P.O. Box <u>NOT</u> acceptable) MIAMT FL 33188	1ATE ORIDA

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.

State

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary)	
EV: Effective date, if other than the date of	of filing: (OPTIONAL)
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) the date inserted in this block does not moment's effective date on the Department of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 ceet the applicable statutory filing requirements, this date will not f State's records.
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) the date inserted in this block does not moment's effective date on the Department of	eet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the date of ective date is listed, the date must be specifilling.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any.	eet the applicable statutory filing requirements, this date will not f State's records.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not f State's records.
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a menute of a manual of the counter of a menute of a manual of the counter of the counter of a manual of the counter of a manual of the counter of a manual of the counter o	eet the applicable statutory filing requirements, this date will not f State's records.

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)