

L03000013132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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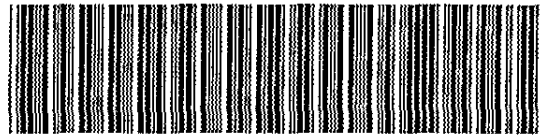
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baci, 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:

Bruce Patti
(Name of Person)

(Firm/Company)

10336 Fox Trail Rd. So. #1301
(Address)

Royal Palm Beach, FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Patti at (561) 656 1154
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed are Fees for filing
and designation of agent for:

Baci, LLC

+

Adagio Farms, LLC

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TALLAHASSEE, FLORIDA

Please call with any questions

561-656-1154 - Home

913-903-4595 - Cell

Thank You

Ben Gatto

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Baci, LLC

ARTICLE II - Address: 10336 Fox Trm / Rd. So #1301 Royal Palm Beach, FL
The mailing address and street address of the principal office of the Limited Liability Company is: 33411
(same)

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Bruce Patti
Name
10336 Fox Trm / Rd. So. #1301
Florida street address (P.O. Box NOT acceptable)
Royal Palm Beach FL 33411
City, State, and Zip

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OFFICE OF THE CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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 608, F.S.

[Signature]
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bruce Patti
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)