L04000003305

(Re	questor's Name)	
(Ad	dress)	
(C)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



100025918491

01/08/04--01027--007 **125.00





TRANSMITTAL LETTER

_	stration Section sion of Corporations	
SUBJECT:	Bustline, 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:	
	Jacquie M. Goss, Legal Assistant	
	(Name of Person)	-
	Spengler Nathanson, P.L.L.	ېسم
_	(Firm/Company)	- OF WISE
	608 Madison Avenue, Suite 1000	
	(Address)	0 000
	Toledo, Ohio 43604-1169	O4 JAN 78 PH 2: 23
	(City/State and Zip Code)	: 23
For further inf	Formation concerning this matter, please call:	
Jacquie	M. Goss at (419) 252-6248 (Name of Person) (Area Code & Daytime Telephone Number)	
	(Alea Code & Daytine 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bustline, LLC	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
16291 Mirasol Way	16291 Mirasol Way
Delray Beach, FL 33446	Delray Beach, FL 33446
	🗢
	ered Office, & Registered Agent's Signature:
The name and the Florida street address of t	ered Office, & Registered Agent's Signature: 23
The name and the Florida street address of to Joel Fried N	ered Office, & Registered Agent's Signature: the registered agent are:
The name and the Florida street address of to Joel Fried N 16291 Miraso.	ered Office, & Registered Agent's Signature: the registered agent are:

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

01
01
011
9
ر کیا ششتہ
SIONE
SE-7
o g 25
2 39
-31
?
23 京
U
3

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.)

Joel Friedman

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)