

L040000 58649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

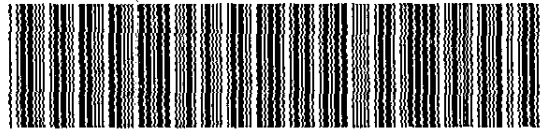
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/09/04--01001--001 **125.00

RECEIVED
04 AUG -6 PM 2:07
DIVISION OF CORPORATION

FILED
04 AUG -6 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

(CLAUDE R. WALKER, ESQ.)
HUEY, GUILDAY & TUCKER, P.A.
P. O. BOX 12500
TALLAHASSEE, FL 32317-2500

Address

Attn: Julie 224-7091
City/State/Zip Phone #

FILED
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TALLAHASSEE, FLORIDA
Office Use

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Red Bug, LLC
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR
RED BUG, LLC
FLORIDA LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is Red Bug, LLC.

ARTICLE II - Address:

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

Principal Office Address:

7882 Reynolds Court
Tallahassee, FL 32312

Mailing Address:

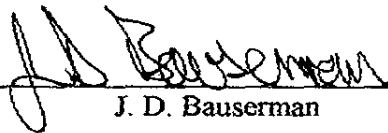
Same

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

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

J.D. Bauserman
7882 Reynolds Court
Tallahassee, FL 32312

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..



J. D. Bauserman

ARTICLE IV - Member:

The name and address of the sole Member is as follows:

Name:

J. D. Bauserman

Address:

7882 Reynolds Court
Tallahassee, FL 32312

REQUIRED SIGNATURE:


J. D. BAUSERMAN

(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.)