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(Requestor's Name) (Address) (Address)	000056338700			
(City/State/Zip/Phone #)	ng./23/05-−01013-−005 ***125.00			
Certified Copies Certificates of Status Special Instructions to Filing Officer: Defice Use Only MOLUCION LO :01 WM	ES NUL 20 FINN MAJA FINN MAJACI FINN MAJA			

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

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SUBJECT:	Docks	by Bu	nkin	L.L.C.			
(Name of Eimited Liability Company)							

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

Please return all correspondence concerning this matter to the following:

Varylor Bunkin (Firm/Company)

(Address)

Crawford マヨスク

For further information concerning this matter, please call:

<u>Helen Laper</u> (Name of Person) _____at (<u>8,50)</u><u>926-1466</u> (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

AM 10:

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dock's by Bunkin L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

2 Klamath, SI Crawfordville, FL

Mailing Address:

2 Klamath ST. Crowfordville, FL, 32327

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

1266 LowerBridge Rdi		05 JUN 23 AM 10: 08		
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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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

Name and Address:

Title:

"MGR" = Manager "MGRM" = Managing Member

MGRM

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

ନ Signature of a member or an authorized representative of a member. **JUN 23** (In accordance with section 608.408(3), Florida Statutes, the execution $\bigcirc^{\mathcal{D}}$ of this document constitutes an affirmation under the penalties of perjurg ź that the facts stated herein are true.) AM 10: Typed or printed name of R a 80 RIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)