## L05000072822

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



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SECRETARY OF STATE DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration Se Division of Co.			
SUBJECT: BULLARI	D 89, LLC		
<del></del>		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
		Alex Duesell	
<del> </del>		Alan Russell  Name of Person)	<del></del>
		tuine of Fergony	
	C	SS Nevada	
		Firm/Company)	
	4535 W. S	ahara Ave., Ste. 200	
<del></del>		(Address)	
	l ac V	egas, NV 89102	
		State and Zip Code)	
For further information	concerning this matter, please	call:	
Alan Russell		at (	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	
	ET ADDRESS: ration Section	MAILING A Registration S	

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

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 Lim	: ited Liability Company	is:		
BULLARD 89, LLC	<u>.</u>		<u></u> .	
ARTICLE II - Add		principal office of the Limited Liability	⁄ Company	is:
Principal Office Ad	dress:	Mailing Address:		
119 Baird Road		119 Baird Road		
Santa Rosa Beach, FL	. 32459	Santa Rosa Beach, FL 32459		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature and the Florida street address of the registered agent are:  Larry J. Raad  Name		ature: 05 JUL 21 PM 2:	SECRETAR DIVISION OF	
	119 Baird Road		-0	
	Florida street address (P.O. Box NOT acceptable)		25	GST ST
_	Santa Rosa Beach	FL 32459 e, and Zip		TION THE
liability company registered agent and statutes relating to	as registered agent and to at the place designated it agree to act in this capac the proper and complete	to accept service of process for the above in this certificate, I hereby accept the appoints. I further agree to comply with the piperformance of my duties, and I am faming sistered agent as provided for in Chapter	ointment as rovisions of liar with an	fall

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	•···
"MGRM" = Managing Member	
MGRM	Raad Investments, LP
	4535 W. Sahara Ave., Ste. 200
	Las Vegas, NV 89102
<del></del>	
<del></del>	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	Musel
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated l	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
Alan Russell	
Ту	ped or printed name of signee
17010 170	

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)