

LOS000099648

(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



500060164505

10/06/05--01041--023 **160.00

FILED
05 OCT -6 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 11 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIST Full of Bounce Ltd. Co
(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:

John D Barrett II
(Name of Person)

FIST Full of Bounce Ltd. Co.
(Firm/Company)

P.O. Box 46532
(Address)

St. Pete Beach FL 33741
(City/State and Zip Code)

For further information concerning this matter, please call:

John Barrett at (727) 692 1236
(Name of Person) (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)

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

FILED
05 OCT -6 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIST Full of Bounce LTD. Co.

ARTICLE II - Address:

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

Principal Office Address:

107 4th Ave, Apt B
ST Pete Beach FL
33706-4361

Mailing Address:

P.O. Box 46532
ST Pete Beach FL
33741

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

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

John D Barrett II
Name

107 4th Ave, Apt B
Florida street address (P.O. Box **NOT** acceptable)

ST Pete Beach, FL 33706-4361
City, State, and Zip

FILED
05 OCT -6 AM 7:49
SECRETARY OF STATE
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..


Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John D Barrett II
107 4th AVE, APT B
Sr Pct Beach FL, 33706-4361

MGRM

Edward Barrett
2130 Evans
Wixom MI, 48397

(Use attachment if necessary)

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

REQUIRED 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.)

John D Barrett II
Typed or printed name of signee

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)

FILED
05 OCT -6 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FL 06111