05000105527

(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) 05-(05527
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
10/36 FL LC
,

Office Use Only



500060862555

10/26/05--01009--004 **150.00

05 0CT 26 PM 2: 53



COVER LETTER

TO: Registration Se Division of Cor		11			
SUBJECT:	Backyard Adven	tures LLC			
	(Name of Limited	l Liability Company)			
The enclosed Articles of	Organization and fee(s) are so	abmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
Jeremy '	Yost				
	a	Name of Person)			
Backyar	d Adventures L	.LC	#=		
		Firm/Company)			
63 <u>1</u> Kin	gs Ln. Sw				
		(Address)			
Winter I	Haven, Fl. 338	380	- 		
		State and Zip Code)			
For further information concerning this matter, please call:					
Jeremy Yost		at (863) 291-35	599		
(Name	of Person)	(Area Code & Daytime Te	lephone Number)		
Enclosed is a check fo	or 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)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	F.	ĭ .	N:	ame:

The name of the Limited Liability Company is:

Backyard Adventures LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	<u>Maining Address:</u>
631 Kings Ln Sw	631 Kings Ln Sw
Winter Haven, Fl 33880	Winter Haven, Fl 33880

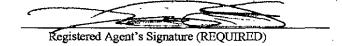
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jeremy Yost
Name
631 Kings Ln Sw
Florida street address (P.O. Box NOT acceptable)
Winter Haven, FI 33880 FL
City, State, and Zip

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..



(CONTINUED)
Page 1 of 2

OS OCT 26 PH 2: 53

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Jeremy Yost 631 Kings Ln Sw Winter Haven, FI 33880 MGRM Patricia Yost 631 Kings Ln Sw Winter Haven, FI 33880 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

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)

Jeremy Yost

Typed or printed name of signee