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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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EFFECTIVE DATE

12-7-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BILL SHUTTS LLC
(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:

BILL SHUTTS
(Name of Person)

BILL SHUTTS LLC
(Firm/Company)

P.O. Box 1144
(Address)

INGLIS FL 34449
(City/State and Zip Code)

For further information concerning this matter, please call:

BILL SHUTTS at (303) 229 9072
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bill SHUTTS LLC

ARTICLE II - Address:

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

Principal Office Address:

8998 W LAKE VIEW CT.
34428 CRYSTAL RIVER FL

Mailing Address:

P.O. Box 1144
INGLIS FL 34449

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

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

Bill SHUTTS
Name

8998 W LAKE VIEW CT
Florida street address (P.O. Box NOT acceptable)

CRYSTAL RIVER FL 34428
City, State, and Zip

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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..

Bill SHUTTS
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:

Bill SHUTTS
P.O. Box 1144
INCLIS FL 34449

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(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Bill SHUTTS

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.)

Bill SHUTTS

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE V-EFFECTIVE DATE

THIS LLC, *Bill Shutt*, LLC, ELECTS TO HAVE THE
EFFECTIVE DATE OF THIS BUSINESS TO BEGIN *DEC 7 TH 2005*

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