# W6000019440

(Re	equestor's Name)	-		
(Ad	ldress)	, <u>.</u>		
(Ad	idress)	,,, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
(Ci	ty/State/Zip/Phone	:#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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# **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJE	ECT: <u>Bal</u> e	es Service Co. LLC (Name of Limite	d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Ralph T.	Bales (	Name of Person)	
	Bales_Se	rvice Co. LLC		F.32
		(	Firm/Company)	
	113 Summe	er Breeze Rd.	(Address)	
	Panama C	ity Beach, Fl. 32413	` ,	
			/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
	Ralph T.	Bales of Person)	at (_404)918-873 (Area Code & Daytime T	
	(	, , , , , , , , , , , , , , , , , , , ,	(	
Enclos	sed is a check for	or the following amount:		
\$125	5.00 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

2/14/06

To whom it may concern:

We are in the process of relocating to Fl. and currently between both houses. Please return papers to the address below.

Ralph T. Bales Angela Bales 4254 Hopkins Lake Dr. Duluth, Ga. 30096

770-449-6042 home # 404-918-8733 Ralph cell 404-232-0455 Angie cell 850-236-3188 Fl. #

Thank You,

Angela Bales

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	C.	
Dulas Camina Ca III C		
Bales Service Co. LLC		
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
	principal office of the Limited Liability Company is:	
The maning address and shoot address of the p	illiopal office of the blancou backery company to	
Principal Office Address:	Mailing Address:	
	<del></del>	
113 Summer Breeze Rd.	113 Summer Breeze Rd.	
Panama City Beach, FL 32413	Panama City Beach, FL 32413	
	The state of the s	
ARTICLE III - Registered Agent, Registere	d Office, & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	tered Agent. You must designate an individual or abother	
districts chuty with all active Florida registration.)		
The name and the Florida street address of the		
Francis On a Jane Bare	registered agent are:	
Incorp Services, Inc.		
Name	ė	
18450 NE 2nd Ave.	_	
Florida street ac	ddress (P.O. Box NOT acceptable)	
Miami,	FL 33179_	
City, State,	, and Zip	
Having been named as registered agent and to	o accent service of process for the above stated limited	

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

# 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 Ralph T. Bales 113 Summer Breeze Rd. Panama City Beach, F1, 32413 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)

## **REQUIRED SIGNATURE:**

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Ralph T. Bales
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)