## 10000120509

`. (Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only

EFFECTIVE DATE 11-26-07



400112554254

12/03/07--01014--013 \*\*125.00

07 DEC -3 AH 7: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB 12/03

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Florida Badger LLC (Name of Limited Liability Company)	<del></del>	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Kevin J. Ramminasz (Name of Person)		
_	Ruer Central LLC	<del>1</del>	
	(Firm/Company)	DEC -	B
	(Address)	SEE,	<b></b>
	Whitelaw, W 54247 (City/State and Zip Code)	FLORII	
For fur	rther information concerning this matter, please call:	Α	
<u>Keu</u>	(Name of Person) at (920) 901-2025 (Area Code & Daytime Telephone Number)		
Enclos	sed is a check for the following amount:		
<b>≾</b> \$125.	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Fi	Status &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Florida Badase UC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4526 Deer Lane Whitelaw, WI SYZY)	1250 Deerlang WISHT
	egistered Agent's Signature: egistered Agent. You must designate an individual or implier the registered agent are:
Mark Theile	SE U F
5650 Swift	Rood address (P.O. Box NOT acceptable)
Sarasota City, Sta	FL 34231 tte, and Zip
liability company at the place designated	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all

egistered agent and agree to act in this capacity. I further agree to comply with the provisions of a 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)

EFFECTIVE DATE 11-8607

**ARTICLE I - Name:** 

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kevint Rommings 4526 Deer Lane Whitelass WI 54247
MGRM	Mark Theiler 5650 Swift Rood Sarasota, WI 34231
<del>V-*</del>	
	date of filing: \\-\2\cdots-\2\cdot\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
REQUIRED SIGNATURE:	O7 DI
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury rerein 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)