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	(Requestor's Name)
<u> </u>	(Address)
· · · · · ·	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
-	(Document Number)
Certified Copies	Certificates of Status 🚈 😘

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TALLAHASSEE FLORIDA

COVER LETTER

	f Corporations			
SUBJECT:	A Big Blessed Family, LLC.			
		ted Liability Company		
The enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	St	even R. Jensen		
		Name of Person		
	A Big E	Blessed Family, LLC.		
		Firm/Company		
	6041 Siesta Lane			
		Address		
	Port	Richey, FL 34668		
		ty/State and Zip Code		
	sjense	en@optimacorp.com for future annual report notification)		
		·		
For further informat	ion concerning this matter, pleas	e call:		
	ven R. Jensen	at (727)835.1055x210		
Na	me of Person	Area Code & Daytime Telephone Number		
Enclosed is a check	k for the following amount:			
☑\$125.00 Filing Fe	e \$\sums\$\\$\\$\$\$\$\\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: A Big Blessed Family, LLC. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")							
					ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limite	d Liability Company is:
					Principal Office Address:	Mailing Address:	
					6041 Siesta Lane	6041 Siesta Lane	
Port Richey, FL 34668	Port Richey, FL 34668						
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the interest of the i	tered Agent. You must designate an	ent's Signature: individual or another					
	2						
Steven R.	Jensen						
Name							
6041 Sies	ta Lane						
Florida street address (P.O	. Box NOT acceptable)						
Port Richey, FL 34668	FL						
City, State, a	nd Zip						
Having been named as registered agent and to liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	his certificate, I hereby acce y. I further agree to comply erformance of my duties, and	pt the appointment as with the provisions of all I am familiar with and					
Registered Agent's Signal		O9 JUL 19 AM 9 SEGREPANT STALLAHASSEE FLO					
		D: 36 9: 36 LORIDA					

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:		
MGRM	Steven R. Jensen 6041 Siesta Lane Port Richey, FL 34668		
MGRM	Rita A. Jensen 6041 Siesta Lane Port Richey, FL 34668		
MGRM	Michael S. Jensen 6041 Siesta Lane Port Richey, FL 34668		
MGRM	Ariana K. Jensen 6041-Siesta Lane		
(Use attachment if necessary)	Port Richey, FL 34668		
ARTICLE V: Effective date, if other than the date of filing: July 10, 2009 (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.)			
(In accordance with section of this document constitute that the facts stated herein	an authorized representative of a member. 1608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.) teven R. Jensen		
	or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)