

L10000017569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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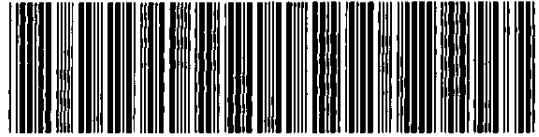
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 FEB 16 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Callahan FEB 16 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bucketrider Enterprises, 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:

Christel M or Thomas W Vinson

Name of Person

Bucketrider Enterprises, LLC

Firm/Company

14893 Mockingbird Ln W

Address

Clearwater, FL 33760-2073

City/State and Zip Code

cvinson.creative@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christel or Thomas Vinson

Name of Person

at ( 727 )

536-7732

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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2010

CHRISTEL M OR THOMAS W VINSON  
14893 MOCKINGBIRD LN W  
CLEARWATER, FL 33760-2073

SUBJECT: BUCKETRIDER ENTERPRISES, LLC  
Ref. Number: W10000006262

We have received your document for BUCKETRIDER ENTERPRISES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have to designate a Registered Agent in ARTICLE III and that person has to sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 310A00003160

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Bucketrider Enterprises, L.L.C.

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

### ARTICLE II - Address:

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

#### Principal Office Address:

Bucketrider Enterprises, LLC  
14893 Mockingbird Lane West  
Clearwater, FL 33760-2073

#### Mailing Address:

Bucketrider Enterprises, LLC  
14893 Mockingbird Lane West  
Clearwater, FL 33760-2073

### 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:

Christel M. Vinson

Name

14893 Mockingbird Lane West

Florida street address (P.O. Box **NOT** acceptable)

Clearwater, 33760-2073 FL

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..*

Christel M Vinson

Registered Agent's Signature (REQUIRED)

**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:**

MGR

Christel M. Vinson

14893 Mockingbird Lane West

Clearwater, 33760-2073

MGRM

Thomas W. Vinson

14983 Mockingbird Lane West

Clearwater, FL 33760-2073

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Christel M. Vinson

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.)

Christel M. Vinson

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)**

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