

L10000095909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000185270100

09/13/10--01008--001 **130.00

2010 SEP 13 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP 14 2010

EXAMINER

COVER LETTER

✓ TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Game Bird, 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:

Jan B. Dillard

Name of Person

Firm/Company

P.O. Box 6

Address

San Antonio, FL 33576

City/State and Zip Code

jbd4all@aol.com

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

For further information concerning this matter, please call:

Jan B. Dillard

at (352)

585-1691

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)

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

2010 SEP 13 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Central Florida Game Bird, 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 principal office of the Limited Liability Company is:

Principal Office Address:

26801 Bayhead Rd.

Dade City, FL 33523

Mailing Address:

P.O. Box 6

San Antonio, FL 33576

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:

Jan B. Dillard, CPA

Name

15995 Bellamy Bros. Blvd.

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

Dade City, FL 33576

City, State, and Zip

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..

Jan B Dillard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 13 AM 10:08

FILED

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:

MGRM

Benjamin Barthle

36826 Central Ave.

Dade City, FL 33525

MGRM

Christopher Barthle

13348 Bellamy Bros. Blvd.

Dade City, FL 33525

MGRM

Brian Dillard

5487 Valley View Dr.

Brooksville, FL 34601-7601

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(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.)

FILED
2019 SEP 13 AM 10:08
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Ben Barthle
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.)

Ben Barthle
Typed or printed name of signer

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)