(F	Requestor's Name)	
(Address)		
(A	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(E	Business Entity Nan	ne)
(0	Oocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only

G. MCLEOD

JUN 4 - 2012

EXAMINER



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· COVER LETTER

	TO: Registration Section Division of Corporations				
124	** SUBJECT: BOB DUNN SALES, LLC				
	Name of Limited Liability Company				
	The en	closed Articles of	f Organization and fee(s) are	submitted for filing.	
	Please	return all corresp	ondence concerning this mat	tter to the following:	
		ROBERT	CARL DUNN		
				Name of Person	_
		· 		Firm/Company	_
		120 LEE	STREET		
				Address	_
	ı	PIERSON	FLORIDA 32180		
	•			ty/State and Zip Code	_
		leasue@bel			
	_		E-mail address: (to be used	for future annual report notification)	
	For fur	ther information	concerning this matter, please	e call:	
Robert Carl Dunn at (386		at (386) 503-5445			
		Name	of Person	Area Code & Daytime Telephone Number	
	Enclos	ed is a check fo	or the following amount:		
		Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	-
			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:

BOB DUNN SALES, LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

100 100 5/	reel	120 Lee Street Pierson F	L 32180		
DIFITS W Er	32180				
ARTICLE III - Registe (The Limited Liability Company business entity with an active F	cannot serve as its own Regist	Office, & Registered Age ered Agent. You must designate an	ent's Signatur individual or anoth	re: ner	
The name and the Florid	a street address of the r	egistered agent are:		75	
Rol	pert Carl Dunn		至	2	1
	Name		6	<u>_</u>	Supram Supram
120	Lee Street		E E	2	m
	Florida street add	ress (P.O. Box NOT acceptable) 置於	ڣ	3
Pier	son	_{FL} 32180	3 5	08	_
-	City, Sta	ate, 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..

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR M	Robert Carl Dunn 126 LEE STUE= T PIERSON FL 32180
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	ne date of filing: June 4, 2012 . (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert Carl Dunn

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)