(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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K.SALY EXAMINER JAN 11 2013 (850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIFCT.

Alan Craig Bushnell, 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:

Alan Craig Bushnell
Name of Person
Alan Craig Bushnell, LLC
Firm/Company
P.O.Box 6104
Address
Gainesville, FL 32627-6104
City/State and Zip Code
alan.bushnell@lawbob.org

For further information concerning this matter, please call:

Alan Bushnell

Name of Person

at (352) 317-1997

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

■\$125.00 Filing Fee & Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:		EFFECTIVE DATE
Alan Craig Bushnell, LLC			
(Must end with the	words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street	address of the pri	ncipal office of the Limite	d Liability Company is:
Principal Office Address:		Mailing Address:	
2817 NE 14 Street		PO Box 6104	
Gainesville, FL 32609		Gainesville, FL 32627-6104	
business entity with an active Florida re The name and the Florida stree Alan Craig Bu	t address of the re	egistered agent are:	13 JAN 10 PH 12: 43
	Name		10000000000000000000000000000000000000
2817 NE 14 S	Street		SEL
	Florida street add	ress (P.O. Box NOT acceptable	
Gainesville	e, FL 32609	FL	
***************************************	City, Sta	te, and Zip	
	red agent and to dece designated in the act in this capacitoper and complete my position as reg	accept service of process for his certificate, I hereby acceptly. I further agree to comp to performance of my duties, gistered agent as provided;	ept the appointment as ly with the provisions of , and I am familiar with
Regis	erion ukent a aikiist	ne (iardonary)	

(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: Title: "MGR" = Manager "MGRM" = Managing Member

Alan Craig Bushnell

2817 NE 14 Street

Gainesville, FL 32609

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan. 10, 2013. (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:

Signature of a member or an authorized representative of a member.

GBA

(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.)

Alan Craig Bushnell

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)