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COVER LETTER

TO: Registration Section **Division of Corporations** BOND CREATIONS, 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: Janice S. Sumner Name of Person **United Country Real Estate** Firm/Company P. O. Box 126 Address Blountstown, FL 32424 City/State and Zip Code united@gtcom.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Janice S. Sumner Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee \$130,00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 LJABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Bon D CRE	ATIANIS 11 A		
	ATIONS, LLC Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
		, , ,	
ARTICLE II - A			
The mailing addr	ess and street address of t	he principal office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
18634 NE Old Blue C	Creek Road	18634 NE Old Blue Creek Road	
Hosford, FL 32334		Hosford, FL 32334	
The name and the	Janice S. Sumner	the registered agent are:	
		E T	
	18634 NE Old Blue Creek R		
		eet address (P.O. Box NOT acceptable)	
	Hosford,	FL 32334	
	C	ity, State, and Zip	
liability comp registered agen all statutes rele	vany at the place designate at and agree to act in this c ating to the proper and co	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as expacity. I further agree to comply with the provisions of implete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S	
	Registered Agent's	Signature (REQUIRED)	
	Vegisieien ykein a	oilimme (vercouver)	

(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:

"MGRM" = Mana	ing intermed
MGR	Janice S. Sumner
	18634 NE Old Blue Creek Road
	Hosford, FL 32334
MGRM	Earnest W. Sumner
	18634 NE Old Blue Creek Road
	Hosford, FL 32334
MGRM	Hilary Peddie
	22404 NE SR 20
	Hosford, FL 32334
(Use attachment i	•
ffective date is lis	e, if other than the date of filing: (OPTIONAl date must be specific and cannot be more than five businese date of filing.)
REQUIRED SIG	ATURE:

Janice S. Sumner

Typed or printed name of signee

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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)