(Re	equestor's Name)				
(Address)					
(Ac	dress)				
(Ci	ty/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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C. LEWIS FEB 12 2013 EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

Three Bambinos 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:

Ronald C Holliday				
Name of Person				
Firm/Company				
7770 NW 14th Street				
Address				
Ocala Florida 34482				
City/State and Zip Code				
ronholliday@cfl.rr.com				
E-mail address; (to be used for future annual report notification)	***********			

For further information concerning this matter, please call:

Ron Holliday	_{at (} 352	873-8704	
Name of Person	Area Code	Area Code & Daytime Telephone Number	

Enclosed is a check for the following amount:

■\$125.00 Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & Certificate of Status Certified Copy
(additional copy is enclosed)

S160.00 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	Liability Compan	y is:		
Three Bambinos LLC				
(Must end v	with the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address	•			
The mailing address and	street address of th	he principal of	ffice of the Limited Lia	bility Company is:
Principal Office Addres	<u>ss:</u>	Mailin	g Address:	
7770 NW 14th Street		Same		
Ocala, FL 34482				
ARTICLE III - Registe (The Limited Liability Company business entity with an active Fi	cannot serve as its own I	tered Office, a Registered Agent.	& Registered Agent's You must designate an individ	Signature:
The name and the Florida	a street address of	the registered	agent are:	ASCR ASCR ASCR ASCR ASCR ASCR ASCR ASCR
Ronal	d C Holliday			CRETA ION OF FEB I
Name		— CG 7F		
7770	NW 14th Street			EU. OF STATE ORPORATIONS AM II: 46
	Florida stre	et address (P.O.	Box NOT acceptable)	ATH ATH
-	Ocala	FL	34482	6
	Cit	ty, 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..

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 FRETARY OF STATE DIVISION OF CORPORATION. Title: Name and Address: 2013 FEB | | AM | |: 46 "MGR" = Manager "MGRM" = Managing Member MGR Ronald C Holliday 7770 NW 14th Street Ocala, FL 34482 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 1 March 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. (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.) VALA C HOIL day.
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)