

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(etty.cate.2.p. Hone n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900248394839

06/18/13--01027--004 **130.00

ALLABASSEE, FLORIS

13 JUN 18 PM 1:50

O. BUTER

COVER LETTER

TO: Registration Division of C			3 3
SUBJECT: Bal	nama Bite Name of Limit	rs LLC.	13 JUN 18
	Name of Limit	ed Liability Company	Light To
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	THE TOTAL
Please return all corres	pondence concerning this matt	er to the following:	<u> </u>
	David CR	isp	
		Nume of Feldon	
	Bahama B	siters	
		rtm/Company	
/3	301 Charte	r Ct East	
Ja	icksonville	F1 32225	
	Cit	y/State and Zip Code	
<u> </u>	KCTISP @ CON E-mail address: (to be used	y/State and Zip Code 1 cast, net for future annual report notification)	
For further information	concerning this matter, please	e call:	
David	CRisp	at (904) 221-0 Area Code & Daytime Telephone Num	666
Name	e of Person	Area Code & Daytime Telephone Nun	1001
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	O Filing Fee, cate of Status & ed Copy nal 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 COMPAN **ARTICLE I - Name:** The name of the Limited Liability Company is: Bahama Biters LLC. **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 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: David Crisp 1301 Charter Ct East Florida street address (P.O. Box NOT acceptable) Vacksonville FL 32225 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 oblightions of my position as registered agent as provided for in Chapter 608, F.S.. Registered Agent's Signature (REQUIRED) (CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Mame and Address:
MGRM	David Crisp 1301 Charter Ct East Jacksonville F1 32225
MGRM	S&G holding LLC. 319 Craptree Rd Hope Maine 04847
MGRM	David J Solomon 2334 Weston Rd #290 Weston Fl 23326
(Lice attachment if necessary	mi)
ffective date is listed, the	ner than the date of filing: (OPTIONA date must be specific and cannot be more than five business
LE V: Effective date, if oth ffective date is listed, the or 90 days after the date of	ner than the date of filing: (OPTIONAl date must be specific and cannot be more than five business of filing.)
LE V: Effective date, if oth ffective date is listed, the or 90 days after the date or REQUIRED SIGNATUR	ner than the date of filing: (OPTIONAl date must be specific and cannot be more than five business of filing.)
LE V: Effective date, if oth ffective date is listed, the or 90 days after the date of the date of the days after the date of the days after the days after the date of the days after the	of a member or an authorized representative of a member. In section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. In section formation submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if oth ffective date is listed, the or 90 days after the date of the date of the days after the date of the days after the days after the date of the days after the	of a member or an authorized representative of a member. In section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. In section formation submitted in a document to the Department of State
LE V: Effective date, if oth ffective date is listed, the or 90 days after the date of the date of the days after the date of the days after the days after the date of the days after the	of a member or an authorized representative of a member. In section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. In section formation submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)