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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT' MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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T. BROWN

(850) 245-6051.

COVER LETTER

TO: Reg

Registration Section
Division of Corporations

SUBJECT:

Bounce Infinity 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:

| Corey J. Harris | | | | | |
|--|--|--|--|--|--|
| Name of Person | | | | | |
| Bounce Infinity LLC | | | | | |
| Firm/Company | | | | | |
| 10928 Wahine Dr. South | | | | | |
| Address | | | | | |
| Jacksonville Florida 32246 | | | | | |
| City/State and Zip Code | | | | | |
| bofilmworks@yahoo.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |

For further information concerning this matter, please call:

Corey J. Harris

Name of Person

at (904) 635-9854

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee &

L\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & 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 Liability Company is: **Bounce Infinity LLC** (Must end with the words "Limited Liability Company, "L.L.C.," or "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:** 10928 Wahine Dr. S. Jacksonville, Florida 32246 10928 Wahine Dr. S. Jacksonville, Florida 32246 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: Corey J. Harris Name 10928 Wahine Dr South 32246 Florida street address (P.O. Box NOT acceptable) Jacksonville, Florida 32246_{FL} 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

Registered Agent's Signature (REQUIRED)

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..

(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>e:</u> GR" = Manager GRM" = Managin | g Member | Name and Address: | |
|----------|--|--|---|--|
| MGR | | | Corey J. Harris 10928 Wahine Dr Sou | uth 32246 |
| MGR | м | | Izell D. Harris III 10928 Wahine Dr Sc | outh 32246 |
| | | | | |
| | | | | |
| (U-v | · · · · · · · · · · · · · · · · · · · | | | ************************************** |
| RTICLE V | | if other than the da | te of filing: October 1, 2013 e specific and cannot be more | · |
| REO | <u>DUIRED</u> SIGNA | TURE: | | 2 |
| | Sign | ature of a member or | an authorized representative of a | member. |
| | (In accordant constitutes at I am aware ti | e with section 608.400 affirmation under the nat any false information | 8(3), Florida Statutes, the execution of penalties of perjury that the facts stated in submitted in a document to the Depprovided for in s.817.155, F.S.) | f this document ed herein are true. |
| | Cor | ev J. Harris | | |

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)

Typed or printed name of signee