

L13000153680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

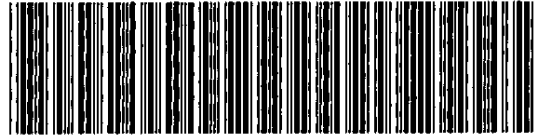
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/18/13--01015--002 **125.00

FILED

2013 OCT 30 PM 6:01

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 31 2013
D. BRUCE

1013-57588



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2013

SETH LUTZ
13239 86TH AVE
SEMINOLE, FL 33776

SUBJECT: S&L BULLION LLC
Ref. Number: W13000057588

We have received your document for S&L BULLION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your check, no document was found. Please return the completed articles of organization to complete the filing of your LLC.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 813A00024477

FILED
2013 OCT 30 PM 6:01
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S&L BULLION 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:

13239 86TH AVENUE
SEMINOLE, FL 33776

Mailing Address:

13239 86TH AVENUE
SEMINOLE, FL 33776

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:

SETH LUTZ

Name

13239 86TH AVENUE

Florida street address (P.O. Box **NOT** acceptable)

SEMINOLE

FL 33776

City, State, and Zip

FILED
2018 OCT 30 PM 6:02
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

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)

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

Name and Address:

MGRM

SETH F LUTZ

13239 86TH AVENUE

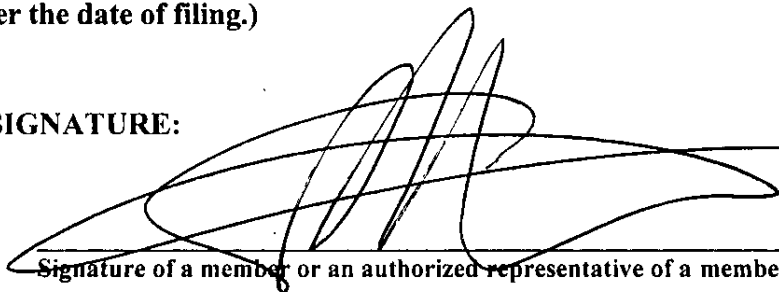
SEMINOLE, FL 33776

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

SETH F LUTZ

Typed or printed name of signee

FILED
2018 OCT 30 PM 6:02
TALLAHASSEE
FLORIDA
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)