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(City/State/Zip/Phone #)
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E. ROSTICK MAR 2 6 2014 FXAMINES

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BAD ASKEY L.L. C  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:	
PAUL J. ASKEY	
Name of Person	
BAD ASKEY LLS	
Firm/Company	~
1009 CONCORD KD. APT.	12)
Address	
TALLAHASSEE, FLA. 32308	
City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	N
Day J Keyry 850 339- 4485	<b>on</b> [ ]
PAUL J. ASKEY at (850) 339 - 4485  Name of Person Area Code Daytime Telephone Number	PH 3: 20
	20
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	:d)
Mailing Address Registration Section  Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:		Λ.
1009 CONCORD RD 1009 CONCORD R	D	HPT
TALLAHASSEE 32304 TALLAHASSEE	 5320	کر
	B D	$\mathcal{O}$
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 in-	dividual o	or
another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
PAUL BASKEY		
Name		
1009 CONCORD KD APT. 12/		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
City Zip		
Having been named as registered agent and to accept service of process for the above stated limited li the place designated in this certificate, I hereby accept the appointment as registered agent and agi		
capacity. I further agree to comply with the provisions of all statutes relating to the proper and comp	olete perfo	rmance
of my duties, and I am familiar with and accept the obligations of my position as registered agent as  Chapter 605, F.S	rprovided 800 ==	yor in
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(Mul) when	and gradual to	N N
Registered Agent's Signature (REQUIRED)	1 1 2 h	5
(CONTINUED)	<u>,n</u> [4	32
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Page 1 of 2	Sini	20

The name and address of each person authorize	ed to manage and control the Limited Liability Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	JOHN P. ASKEY TOUS CONCORD RD. TALLAHASSEE, FL	#127 32308
·		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of fili	ng:(OPTIONAL)	
(If an effective date is listed, the date must be specific the date of filing.)	and cannot be more than five business days prior to or 9	0 days after
ARTICLE VI: Other provisions, if any.		<del></del>
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.	
constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as p		
John P.	ASKEY  med or printed name of signee	

ARTICLE IV-

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)