

L14000064081

(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:

W14-22391

Office Use Only



200258377232

04/07/14--01024--002 **125.00

FILED
2014 APR 17 PM 1:14
TALLAHASSEE FLORIDA

APR 21 2014

J. BRUGG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2014

ROBERT BAUER
31717 LARKSPUR AVE
EUSTIS, FL 32736-9698

SUBJECT: BOBBON ARMS L.L.C.
Ref. Number: W14000022391

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

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 514A00007523

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 APR 17 PM 1:14

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bobbon Arms 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:

Robert Bauer
Name of Person

Bobbon Arms LLC
Firm/Company

31717 Larkspur Ave
Address

EUSTIS, FL 32736-9698
City/State and Zip Code

PEACEACRES1958@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Bauer at (352) 357-0379
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$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

FILED
2014 APR 17 PM 1:14
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bobbon Arms L.L.C.

(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:

31717 Larkspur Ave
EUSTIS, FL 32736-9698

Mailing Address:

31717 Larkspur Ave
EUSTIS, FL 32736-9698

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:

Robert Bauer

Name

31717 Larkspur Ave.

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

Eustis

City

FL 32736-9698

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 605, F.S.

Robert H. Bauer

Registered Agent's Signature (REQUIRED)

FILED
2014 APR 14 PM 1:14
CLERK OF DISTRICT COURT
FLORIDA

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR M

MGR M

Name and Address:

Robert Bauer
31717 Lakspur Ave.
EUSTIS, FL 32736-9698

Bonnie Bauer
31717 Lakspur Ave.
EUSTIS, FL 32736-9698


(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Robert Bauer

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)

FILED
2014 APR 17 PM 1:14
TALLAHASSEE FLORIDA