

LM4000110032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

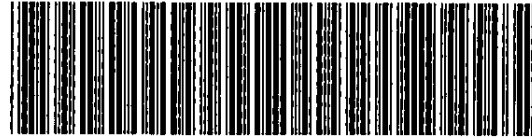
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-40221

Office Use Only



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06/27/14--01011--016 **130.00

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2014 JUL 11 PM 3:37
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

JUL 11 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2014

BOBBY HAMILTON
6613 COCONUT BLVD
WEST PALM BEACH, FL 33412

SUBJECT: BOBBET LLC
Ref. Number: W14000040221

We have received your document for BOBBET LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

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 of 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: 714A00014079

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOBBET LIMITED LIABILITY COMPANY
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:

BOBBY E. HAMILTON

Name of Person

BOBBET LIMITED LIABILITY COMPANY

Firm/Company

6613 COCONUT BLVD

Address

WEST PALM BEACH, FLORIDA 33412

City/State and Zip Code

EYEWU 123 @ GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOBBY E. HAMILTON at (561) 204-1819 or (305) 333-8763
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

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOBBET, LIMITED LIABILITY COMPANY

(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:

6613 COCONUT BLVD,
WEST PALM BEACH,
FLORIDA, 33412

Mailing Address:

6613 COCONUT BLVD,
WEST PALM BEACH,
FLORIDA, 33412

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:

FRED. K. HAMILTON

Name

17369. 48TH COURT NORTH

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

LOXAHATCHEE FL 33470

City

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 Chapter 605, F.S.

Fred Hamilton

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JANIS S. JAMES
TREASURER
FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

BOBBY E HAMILTON
6613 COCONUT BLVD
WEST PALM BEACH, FLORIDA, 33412

BETSY HAMILTON
6613 COCONUT BLVD
WEST PALM BEACH, FLORIDA, 33412

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/21/2014 (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.

THE LIMITED LIABILITY COMPANY SHALL HAVE PERPETUAL
EXISTENCE

REQUIRED SIGNATURE:

Bobby Hamilton

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.)

BOBBY E. HAMILTON

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 11 PM 3:37

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DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06-16-2014

001497.456634.104757:8247 1 MB10.4351530

Employer Identification Number:
47-1072456

Form: SS-4

Number of this notice: CP 575 B.

BOBBET, LLC
BOBBY E. HAMILTON, SR. MDR
6613 COCONUT BLVD.
WEST PALM BEACH FL 33412

For assistance, you may call us at:
1-800-829-4933

001497

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN-47-1072456. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN, and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2015

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

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TAXPAYER STATE
CLASSIFICATION