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## COVER LETTER

_	tion Section of Corporations		
SUBJECT:	Badger true Name of Lin	158084 Servic mited Liability Company	es LLL
The enclosed Artic	cles of Organization and fee(s) a	re submitted for filing.	
Please return all co	orrespondence concerning this m	natter to the following:	
	6	apriel Goe	SHE
<b>~</b>		Name of Person	
		Firm/Company	
	1915 Buc	1/2 Wood Dr	
		Address	
	cilleshassee	FL. 3231T.	
	660011-10	City/State and Zip Code  Comcast.  Ed for future annual report notifica	1- }
	E-mail address: (to be use	ed for future annual report notifica	Mer-
For further inform	ation concerning this matter, ple	ase call:	
Capace	1 Caralita	Prin 5+12 21	つノ
C 4100 1 C	Name of Person	813 546-21 Area Code Daytime Te	lephone Number
Enclosed is a chec	ck for the following amount:		
] \$125.00 Filing Fe		□\$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	Street/Courier Add	ress

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

ARTICLE I - Name:

The name of the Limited Liability Company	is:	
Badge	es transport Servicerds "Limited Liability Company, "L.L.C.," or "	es LLL
(Must end with the wo	rds "Limited Liability Company, "L.L.C.," or "	LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	,
1915 Mekhnood Dr. Jar/194955CE, FL 32		
Jai/194855ce, F1 32	317 1121 ocala Rd	Tallavassee, F-L
ADMICI E III. B		32300
	ered Office, & Registered Agent's Signature we as its own Registered Agent. You must design	:
The name and the Florida street address of t	he registered agent are:	70 7
Gei	brice Gadtke	
	Name	W. 0
A15 0	uckwood Dr.	RN 12:1
_	ess (P.O. Box <u>NOT</u> acceptable)	5% N
Terlia	7/1455ee FL 32317 ity Zip	
Ci	ty Zip	<b>,,</b> *
Having been named as registered agent and	d to accept service of process for the above state.	d limited liability company at

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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. (OPTIONAL) d cannot be more than five business days prior to	) o or 90 day
an authorized representative of a member.  1) (b), Florida Statutes, the execution of this documulation of perjury that the facts stated herein are true abmitted in a document to the Department of State yided for in s.817.155, F.S.)	г.
1	an authorized representative of a member.  (b), Florida Statutes, the execution of this docur altics of perjury that the facts stated herein are true abmitted in a document to the 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)