## \*L14000/65606

(Requ	estor's Name)	
(Addre	ess)	, <b>s</b> i
(Addre	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
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2014 OCT 20 PM 3: 19

K. SALY EXAMINER OCT 2 % 2014

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Big A - Adventures, LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Matthew Pace		
	Name of Person	
<del></del>	Firm/Company	
	1 min company	
51 Sugarberry Road	Address	
Pensacola, FL 32514	City/State and Zip Code	
pace2539@yahoo.com E-mail address: (to be use	ed for future annual report notifica	ation)
For further information concerning this matter, ple	•	,
Matthew Pace at ( at ( at (	770 ) 367-0539 Area Code Daytime Tel	lephone Number
Enclosed is a check for the following amount:		
_	<b>————————</b>	<b>D4</b> (0.00 mm) <b>5</b>
✓ \$125.00 Filing Fee	□\$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	res <u>s</u>
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	tions
Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
The name of the Difficed English, Company 13.	11, 2015
Big A - Adventures, LLC.	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
51 Sugarberry Road Pensacola, FL 32514	51 Sugarberry Road Pensacola, FL 32514
another business entity with an active Florida registrate name and the Florida street address of the registrate.  William Pace	own Registered Agent. You must designate an individual or ration.) ered agent are:
N	ame
3174 Bayview Way	
Florida street address (P.O.	Box NOT acceptable)
Pensacola	FL 32503
City	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept the	ot service of process for the above stated limited liability company at ceept the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance e 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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	7
'MGR" = Manager	
MGR	Matthew Pace
	51 Sugarberry Road
	Pensacola, FL 32514
	<b>の</b>
AMBR	Kimberly Pace
	51 Sugarberry Road
	Pensacola, FL 32514
	<u>, , , , , , , , , , , , , , , , , , , </u>
	3
<del></del>	
	***
V: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: <u>SAN 1, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: <u>SAW L, 2015</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or
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ctive date is listed, the date must be sp f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
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CV: Effective date, if other than the date entire date is listed, the date must be sp filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes are section 60.	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
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Signature of a me (In accordance with section of a maware that any false inforconstitutes a third degree felor  Matthew Pace	ember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  15.0203 (1) (a) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  15.0203 (1) (a) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  15.0203 (1) (a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)