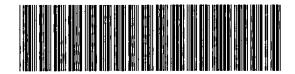
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•
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashiele Zhae) hamoey
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SCORCIARY OF STATE FALLAHASSEE, FLORIDA

15 JAN 30 PM 4: 20

K. SALY EXAMINER FEB - 9 2015

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: 1	WO BULL Name of Lir	_S, LLC mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
(	Charles A.	Bode	
		Name of Person	_
		Firm/Company	
		runocompany	
3	3514 Clayt	on Rd	
		Address	
1	Bonitay, FL	32425	
	•	ony/buite and zip code	
	fritz 947@	hormail. Com ed for future annual report notifice	
	E-mail address: (to be use	ed for future annual report notifies	ation)
For further information	on concerning this matter, ple	ase call:	<b>-</b>
Char	les A. Bode II	850 326-8	333
<u> </u>	rles A. Bodeat(	850 547-13 Area Code Daytime Te	246
Na	me of Person	Area Code Daytime Te	lephone Number
Enclosed is a check f	or the following amount:		
3 \$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)
Ma	illing 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:	EFFECTIVE DATE
	2-1-2015
TWO BULLS, LLC	
(Must end with the words 'Limited Liability Com	pany, "L.L.C.," or "LLC.")
ADMIGLE II A LI	
ARTICLE II - Address:  The mailing address and street address of the principal office of the Lin	nited Liability Company is:
The mining woulds and street address of the principal office of the 22st	initia Statistical Company in
Principal Office Address: Mailing Ac	ddress:
3514 Clayton Rd 3514	4 Clarton Rd
Bonifay, FL 32425 Bon	4 Clayton Rd 1424, FL 32425
3 3/	3 7/
ADTICLE III Designation of Asset Designation of Control of the Con	A contain City and Assess
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent)	
another business entity with an active Florida registration.)	,
The name and the Florida street address of the registered agent are:	70
Charles A. Bode	
Name	
3514 Clauton Rd	ZOIS JAH 30 ZOIS JAH 30
3514 Clayton Rd Florida street address (P.O. Box NOT accepta	32425 P. F. S. F. Zip
— <del>—</del> ——	100 In 10
Bonifay FL City	32425
Cfty J	Zip 20
Having been named as registered agent and to accept service of process	s for the above stated limited liability company at
the place designated in this certificate, I hereby accept the appointment	
capacity. I further agree to comply with the provisions of all statutes r	
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	
Charles a Bode Registered Agent's Signature (REQUIR	<u> </u>
Registered Agent's Signature (REQUIR	ED)
(CONTINUED)	

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Charles A. Bode
31 <i>III</i> 3 X	3514 Clayton Rd
	Bonitay, FL 32425
AM BR	alanda A Dala T
FINE BIC	Charles A. Bode II 3514 Clayton Rd
	Bonitay FL 32425
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	The state of the s
	<u> </u>
V: Effective date, if other than the ctive date is listed, the date must l	date of filing: <u>March 1,2015</u> (OPTIONAL) be specific and cannot be more than five business days prior to or 90 o
ctive date is listed, the date must l f filing.)	
CV: Effective date, if other than the ctive date is listed, the date must liftling.)	
CV: Effective date, if other than the ctive date is listed, the date must liftling.) CVI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 o
CV: Effective date, if other than the ctive date is listed, the date must liftling.) CVI: Other provisions, if any.  REQUIRED SIGNATURE:	
V: Effective date, if other than the ctive date is listed, the date must liftling.)  VI: Other provisions, if any.  REQUIRED SIGNATURE:	hales a Bode a member or an authorized representative of a member.
EV: Effective date, if other than the ctive date is listed, the date must if filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section)	halos a Bode a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the ctive date is listed, the date must if filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation)	hala a Bode  a member or an authorized representative of a member.  on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CV: Effective date, if other than the crive date is listed, the date must liftling.) CVI: Other provisions, if any.  Signature of (In accordance with section constitutes an affirmation I am aware that any false	halos a Bode a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
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\$ 5.00 Certificate of Status (Optional)