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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300269138523

300269138523 03/09/15--01026--008 **125.00



COVER LETTER

TO;	Registration Section Division of Corporations		
SUBJI	ECT: BUNNY RUNNER LLC		
	Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	CHARLES NEILSON		
		Name of Person	
	THE NEILSON COMPANY		
		Firm/Company	
	PO BOX 125		
		Address	
	INDIAN BOCKS BEACH, FL 3378	35 City/State and Zip Code	
C	HARLES NEIL SON@VERIZON NET	,	
عدي	E-mail address: (10 be us	ed for future annual report notifica	ation)
For fu	rther information concerning this matter, pl	ease call:	
CHA		727) 595-7578	
	Name of Person	Area Code Daytimo Te	lephone Number
Enclo	sed is a check for the following amount:		
☑ \$125.	00 Filing Fee S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

03/06/2015 12:21 9102/90/60

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BUNNY RUNNER.	LLC		
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr The mailing address a	****	office of the Limited Liability Company is:	
Principal Office Add	lress:	Mailing Address:	
5400 BRADENTON		5400 BRADENTON RD	
ARTICLE III - Regi (The Limited Liability	stered Agent, Registered Office	SARASOTA, FL 34234 ce, & Registered Agent's Signature: wn Registered Agent. You must designate an i	ndividual or
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Offic	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an i	
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Office of Company cannot serve as its of the with an active Florida registration of the register of t	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an i	
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Office y Company cannot serve as its of ty with an active Florida registration rida street address of the register JACK G COLLINS, JR	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an i	ndividual or
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Office y Company cannot serve as its of ty with an active Florida registration rida street address of the register JACK G COLLINS, JR	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an i ation.) red agent are:	2015 NAR -9
ARTICLE III - Regi (The Limited Liability another business enti	stered Agent, Registered Office by Company cannot serve as its of the with an active Florida registration of the register JACK G COLLINS, JR Na	ne, & Registered Agent's Signature: wn Registered Agent. You must designate an i ation.) ared agent are:	2015 MAR -9 PH
(The Limited Liability another business enti	stered Agent, Registered Office y Company cannot serve as its of ty with an active Florida register rida street address of the register JACK G COLLINS, JR Na 5400 BRADENTON RD	ne, & Registered Agent's Signature: wn Registered Agent. You must designate an i ation.) ared agent are:	2015 NAR -9

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

DIGICCC171 /0:21 GT02/90/80

INCOTEN

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" ≃ Manager	·
MGR: AMBR	JACK G COLLINS, JR
	5400 BRADENTON RD
	SARASOTA, FL 34234
AMBR.	CHRISTOPHER COLLINS
···	5400 BRADENTON RD
	SARASOTA, FL 34234
AMBR	DEBORAH BOHANNON
AMBIT	5400 BRADENTON RD
	SARASOTA, FL 34234
	SAINSO IA, I LUIZON
EV: Effective date, if other than the active date is listed, the date must l	e date of filing: <u>MARCH 3, 2015</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days a
EV: Effective date, if other than the ective date is listed, the date must lof filing.)	e date of filing: <u>MARCH 3, 2015</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days a
(Use attachment if necessary) EV: Effective date, if other than the active date is listed, the date must lof filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	e date of filing: MARCH 3, 2015 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days a
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EV: Effective date, if other than the extive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the accordance with sections.	be specific and cannot be more than five business days prior to or 90 days a (a number or an authorized representative of a member. (a) (1203 (1) (b). Florida Statutes, the execution of this document
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E V: Effective date, if other than the extive date is listed, the date must I filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sections that any false)	to a number or an authorized representative of a member. In under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State
E V: Effective date, if other than the active date is listed, the date must I f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an affirmation I am aware that any false	be specific and cannot be more than five business days prior to or 90 days a far member or an authorized representative of a member. ion 60 \(\) (203 (1) (b), Florida Statutes, the execution of this document an under the denalties of periory that the facts stated herein are true.
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Page 2 of 2