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(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
 (Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALL AHASSEE EL GOLD

APRO32NIS

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: R Bowers ENTERPRISES LLC Name of Lin	nited Liability Company	
	,	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
_TotalLegal		
TotalLegal	Name of Person	
TotalLegal	Firm/Company	
	• •	
375 118th Ave SE, Ste 118	Address	
	Address	
Bellevue, WA 98005		
C	City/State and Zip Code	
ams877@hotmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For further information concerning this matter, plea	•	,
To tarmer mornauton concerning and matter, pres	asc can.	•
	866) 815-6840	
Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
\$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
R Bowers ENTERPRISES LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is	:		
Principal Office Address:	Mailing Address:			
2696 Broome Circle Cantonment, FL 32533	2696 Broome Circle Cantonment, FL 32533			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an	ı individi	ual or	
The name and the Florida street address of the registered a	gent are:			
Renee Bowers				
Name				
2696 Broome circle Florida street address (P.O. Box 1	NO [acceptable)			
Cantonment	FL 32533			
City	Zip			
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging Chapter Registered Agent's Signature.	he appointment as registered agent and a all statutes relating to the proper and contains of my position as registered agents 605, F.S	agree to implete p	act in th erforma	iis ince
(CONTINUE) Page I of 2	D)	SECRETARY TALLAHASSE	2015 MAR 13	,

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Renee Bowers
	2696 Broome Circle
	Cantonment, FL 32533
MGR	Robert Bowers
	2696 Broome Circle
	Cantonment, FL 32533
lar 200 decree (Conserve)	
V: Effective date, if other than the date of the date is listed, the date must be spec	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 9
Filing.) VI: Other provisions, if any. ECOUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under	the or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNAPURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under 1 am aware that any false information constitutes a third degree felony	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNAPURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under I am aware that any false information constitutes a third degree felony Renee Bowers	the or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State

Page 2 of 2