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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Bards Guild LLC  Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Firm/Company	
MANUAL 1743 (press Preserve Drive	tpf. 10
Lytz Florida 33549	
City/State and Zip Code  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brian Luft at (913) 767-1057  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	s enclosed)
Mailing Address Street/Courier Address  Registration Section Registration Section	

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:		
The Bards (quild LLC		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
1743 Cypress Preserve Prix Will 1743 Cypress Preserve Lutz FL 33549	Drive	Apt.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individuant another business entity with an active Florida registration.)	iual or	
The name and the Florida street address of the registered agent are:  Brian Luft  Name  Volume  Florida street address (P.O. Box NOT acceptable)  Luf2  City  The name and the Florida street address (P.O. Box NOT acceptable)  Luft Sign Sign Sign Sign Sign Sign Sign Sign	ty compar	
the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete p of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the complete of the property of the property of the providing the	perfor <b>m</b> a	nce
Registered Agent's Signature (REQUIRED)		
(CONTINUED)	15 MAR	SECRET DIVISION
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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Brian Luft	T los	,
AMBR	1743 Cypres Preserve Orive A Lutz Plocida 33549	<u>et.</u> 103 — — —	
		<del></del>	
(Use attachment if necessary)			
· ·	(OPTIONAL)		
ICLE V: Effective date, if other than the date of effective date is listed, the date must be specifiate of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to o	r 90 da	ys a
ICLE V: Effective date, if other than the date of effective date is listed, the date must be specifiate of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to o	r 90 da	ys ai 
ICLE V: Effective date, if other than the date of effective date is listed, the date must be specifiate of filing.)  ICLE VI: Other provisions, if any.	filing: (OPTIONAL)  fic and cannot be more than five business days prior to o	r 90 da	ys af 
ICLE V: Effective date, if other than the date of effective date is listed, the date must be specifiate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to o		ys at 
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifiate of filing.)  ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.0203 (constitutes an affirmation under the penalties of para aware that any false information submitted it constitutes a third degree felony as provided for it	per or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document perjury that the facts stated herein are true.  In a document to the Department of State		
REQUIRED SIGNATURE:  Signature of a member	per or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document perjury that the facts stated herein are true.  In a document to the Department of State		 
REQUIRED SIGNATURE:  Signature of a member	per or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document perjury that the facts stated herein are true. In a document to the Department of State in s.817.155, F.S.)  Luft Typed or printed name of signee	er 90 da;	ys at

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