# U5000087942

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

Office Use Only



600272755146

600272755146 05/18/15--01036--023 \*\*125.00

TILEU
2015 MAY 18 P 12: 3:

51915 T SCHROEDER

## **COVER LETTER**

Division of Corporations
SUBJECT: BAMTAM INVESTMENTS, LHC 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:
William A. MONDE Jr.  Name of Person
Firm/Company
526 Edgebroote LN
Address  West Profes Beneat, FL 334// City/State and Zip Code  b monde fre hotmail - Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bill Monde at (561) 862-8162  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 enclosed)

# **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

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:

(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:	
526 Edgebrook LN 526 Edgebrook LN West Palm Bench, FL 33411 North Palm Bench, FL 33411	7
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 individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
William A. Monde, Tr	
Florida street address (P.O. Box NOT acceptable)	
West Porlow Boach, FL 334// City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company at place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, a am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	I
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	
Page 1 of 2	
2015 MAY 18 P 12: 3: SECRETARY OF STATE SELECTION OF SELECTION SELECTION OF SE	
FLERDE 31	)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager MGR	William A. Monde, II
<del></del>	526 Edgebooote LN
	West Palm Beach, Ft 33411
mar	James A. Monde
	673 North ST
	Milford, CT 06461
<del></del>	
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does	date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 day  not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)	ne specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department.	ne specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department.	ne specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department LE VI: Other provisions, if any.  REOUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be nent of State's records.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of	not meet the applicable statutory filing requirements, this date will not be nent of State's records.  M. M. W. J. J. a member or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department's effective date in this block does in the Department's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  A member or an authorized epresentative of a member.  I section 605.0203 (1) (b), Florida Statutes, the execution of this document action under the penaltics of perjury that the facts stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department's effective date	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  a member or an authorized epresentative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this documentation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department.  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with constitutes an affirm I am aware that any constitutes a third december 1.	a member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with constitutes an affirm I am aware that any constitutes a third december 1.	a member or an authorized epresentative of a member. section 605.0203 (1) (b), Florida Statutes, the execution of this document of the information under the penalties of perjury that the facts stated herein are true. false information submitted for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with constitutes an affirm I am aware that any constitutes a third december 1.	a member or an authorized epresentative of a member.  section 605.0203 (1) (b), Forida Statutes, the execution of this document of under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)  If the date inserted in this block does ament's effective date on the Department of the VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with constitutes an affirm I am aware that any constitutes a third december of the VI: Other provisions is a signature of the VI: Other provisions in the VI: Other provisions is any constitutes an affirm I am aware that any constitutes a third december of the VI: Other provisions is a signature of the VI: Other provisions is any constitutes any constitutes at third december of the VI: Other provisions is a signature of the VI: Other provisions is	a member or an authorized epresentative of a member.  section 605.0203 (1) (b), Forida Statutes, the execution of this document of under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)  f the date inserted in this block does ament's effective date on the Department.  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with constitutes an affirm I am aware that any constitutes a third decordance.)	a member or an authorized representative of a member.  section 605.0203 (1) (b), Florida Statutes, the execution of this document of lase information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  f Organization and Designation of Registered Agent