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(Requesto	or's Name)
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(Only) State	verpri tione ny
PICK-UP	WAIT MAIL
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(Business	Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Backwoods Enterprises, 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:
Kevin O'Connor
Name of Person
Firm/Company
640 Acadia Road
640 Acadia Road Address
Venice, FL 34293 City/State and Zip Code
kmoconnol@amail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevin O'Connor at (941) 525-7853 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$155.00 Filing Fee \$\frac{1}{2}\$\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$\$ Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier 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:					
Backwoods Enterprises.	. ا ا	(.			
(Must end with the words "Limited I.	Liability C	ompany, "L.L.C	.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the	Limited Liability	y Company is:		
Principal Office Address:	Mailing	Address:			
640 Acadia Road Venice, FL 34293	6401	Fradio Road FL 34273			
Venice, FL 34793	Vence,	FL 34273			
The Limited Liability Company cannot serve as its own Rinother business entity with an active Florida registration) The name and the Florida street address of the registered a	agent are			dual o	ा
Kevin O'Connor					
Kevin O'Connor Name 640 Acadia Rd.			_		
Florida street address (P.O. Box i	NOT acce	eptable)			
<u>Venice</u>	<u>FL</u>	<u>59295</u> Zip			
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	rice of pro the appoin f all statute gations of er 605, F.S	cess for the abov ntment as register es relating to the my position as re	e stated limited liabil red agent and agree t proper and complete	o act i perfo.	n this rmance
(CONTINUE	ED)		TO THE STATE OF TH		\subseteq

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR - Manager MGR	Kevin O'Connor 640 Acadia Rd Venice, PL 34293	
	640 Acadia Rd	
	Venice, FL 34293	
42.00		
(Use attachment if necessary)		
ICLE V: Effective date, if other than the date of the date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90	days
TICLE V: Effective date, if other than the date of filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90	days
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ICLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	- Mul	days
ICLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a new content of the content of th	nember or an authorized representative of a member.) days
ICLE V: Effective date, if other than the date of effective date is listed, the date must be state of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 605.0) constitutes an affirmation under the penaltice.	nember or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document s of perjury that the facts stated herein are true.	days
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