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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bat-O-Man 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:

Justin Ortiz

Name of Person

Firm/Company

9429 Dowden Road, Apt. # 10203

Address

Orlando, FL 32832

City/State and Zip Code

karateuniversity2016@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Ortiz

617

501-3910

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$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**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**of**  
**BAT-O-MAN ENTERPRISES, LLC.**

**ARTICLE I**

The name of this Limited Liability Company is: **Bat-O-Man Enterprises, LLC.**

**ARTICLE II**

The mailing address and street address of this principal office of the Limited Liability Company is:

**Principal Office Address:**

9429 Dowden Rd. Apt. # 10203  
Orlando, FL 32832

**Mailing Address:**

9429 Dowden Rd. Apt. # 10203  
Orlando, FL 32832

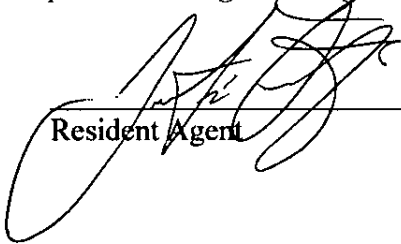
**ARTICLE III**

The name and the Florida street address of the Resident Agent are:

**Justin Ortiz**

9429 Dowden Rd. Apt. # 10203  
Orlando, FL 32832

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this 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..*

  
Resident Agent

## ARTICLE IV

This Limited Liability Company is member-managed. The name and address of each person authorized to manage and control this Limited Liability Company are as follows:

Authorized Member (AMBR):

**Justin Ortiz**

9429 Dowden Rd. Apt. # 10203  
Orlando, FL 32832

## ARTICLE V

The effective date of this Limited Liability Company is the date of filing.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of authorized member.

  
\_\_\_\_\_  
Printed

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TALLAHASSEE, FLORIDA

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