

L16000039100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

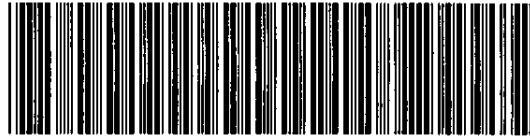
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



300281064063

EFFECTIVE DATE  
3-1-16

01/22/16--01029--024 \*\*160.00

FILED  
2016 FEB 22 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 26 2016

T. BROWN

COVER LETTER

Att: Theresa Brown

TO: Registration Section  
Division of Corporations

SUBJECT: Bam Bam 11 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:

Christopher Morris

Name of Person

Bam Bam 11 LLC

Firm/Company

41 SE 5th St. Unit 915

Address

Miami, FL 33131

City/State and Zip Code

kc.morris111@gmail.com

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

For further information concerning this matter, please call:

Christopher Morris

Name of Person

at ( 843 )

Area Code

367-7356

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)

☒

Already Paid  
\$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2016

KENNETH CHRISTOPHER MORRIS JR.  
7251 NE 2ND AVE, STE 102  
MIAMI, FL 33138

SUBJECT: BAMBAM, LLC  
Ref. Number: W16000007513

We have received your document for BAMBAM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L01000010363 - BAM BAM L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 316A00002273

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bam Bam 11 LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED  
2016 FEB 22 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Edge Orthopedics Inc.: Attn: Christopher Morris  
7251 NE 2nd Ave. Suite 102  
Miami, FL 33138

Mailing Address:

Christopher Morris  
41 SE 5th St. Unit 915  
Miami, FL 33131

EFFECTIVE DATE

3-1-16

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:

Kenneth Christopher Morris  
Name

41 SE 5th St.  
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33131  
City State Zip

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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Kenneth Christopher Morris

41 SE 5th St. Unit 915

Miami, FL 33131

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/1/16 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

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.

Kenneth Christopher Morris

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)