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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

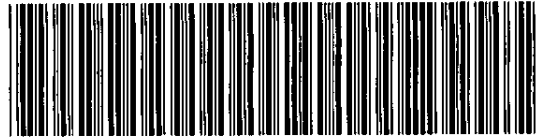
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 FEB 19 PM 3:21

APPROVED  
AND  
FILED

1/11

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Floating Bungalows 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:

Cynthia Billings  
Name of Person

Firm/Company

PO Box 470196  
Address

Lake Monroe, FL 32747  
City/State and Zip Code

cynthia.billings.nh@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Billings at (407) 312-2721  
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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Floating Bungalows LLC

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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") 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:4370 Carraway Place  
~~Lake Monroe, FL~~  
Sanford, FL 32771Mailing Address:Po Box 470196  
Lake Monroe, FL  
32747

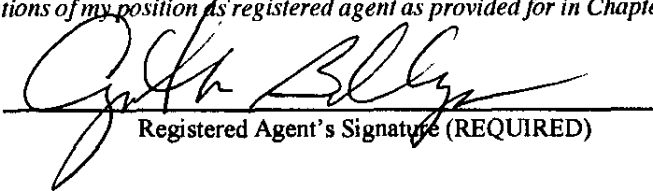
## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(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:

Cynthia Billings  
Name4370 Carraway Place  
Florida street address (P.O. Box **NOT** acceptable)  
Sanford FL 32771  
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)

APPROVED  
AND  
FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

**Name and Address:**

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Warren Billings  
4370 Carraway Place  
Sanford, FL 32771

Cynthia Billings  
4370 Carraway Place  
Sanford, FL 32771

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/19/2016 (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.

N/A

**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.

Cynthia Billings

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)