L16000043761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/08/16--01007--003 **78.75

03/07/16--01001--007 **51.25

L16-4199

FILED
16 MAR -2 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bivcorp, L.L.C.
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:

Travis Bivens
Name of Person

Bivcorp, L.L.C.
Firm/Company

7109 Cumbria Blvd. E.
Address

Jacksonville, FL 32219
City/State and Zip Code

travis.bivens@ymail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Bivens at (904) 613-0387
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
16 FEB 11 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 21, 2016

TRAVIS BIVENS
7109 CUMBRIA BLVD
JACKSONVILLE, FL 32219

SUBJECT: T & L HOLDING
Ref. Number: W16000004199

We have received your document for T & L HOLDING and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 816A00001375

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2016

TRAVIS BIVENS
7109 CUMBRIA BLVD
JACKSONVILLE, FL 32219

SUBJECT: BIVCORP, LLC
Ref. Number: W16000004199

We have received your document for BIVCORP, LLC and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please remove the suffix LLC and use one that is listed above.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 516A00003246

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Bivcorp, L.L.C.
(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:**
7109 Cumbria Blvd. E.	P.O. Box 2864
Jacksonville, FL 32219	Jacksonville, FL 32201

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:

Travis Bivens
Name

7109 Cumbria Blvd. E.
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville	Florida	32219
City	State	Zip

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TALLAHASSEE, FLORIDA

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..

T. B.
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	**Name and Address:**
MGR	Travis Bivens 7109 Cumbria Blvd. E. Jacksonville, FL 32219
MGR	Lindsy Bivens 7109 Cumbria Blvd. E. Jacksonville, FL 32219

(Use attachment if necessary)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____. (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.

Travis Bivens
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)