160000805

(F	Requestor's Name)	
(<i>f</i>	Address)	
(<i>f</i>	Address)	
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	<u> </u>
(0	Document Number)	
Certified Copies	Certificates of	, Status
Special Instructions t	o Filing Officer:	

Office Use Only



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03/21/16--01026--014 **130.00

1116-22716

${\color{blue}\mathbf{COVER}}\, {\color{blue}\mathbf{LETTER}}$

Registration Section

TO:

Division of Corporations	
SUBJECT: BAD Collection Ac Name of Limited Liab	gency LC"
Name of Emitted Elab.	nty company
The enclosed Articles of Organization and fee(s) are submitte	d for filing.
Please return a correspondence concerning this matter to the	following:
Menda Val	to
BAD Collection H	gency "LLC"
Firm/C	ompany /
1003 MLK BLVD	Suite K
Janama City, Fl.	32401
/ City/State a	nd Zip Code
/	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	215-2608 ex 104
Dando Dalton "850	
Name of Person Area Code	.Daytime Telenhone Number
, 850	Daytime Telephone Number
Enclosed is a check for the following amount:	
_	
☐ Certificate of Status ☐ Certi	.00 Filing Fee & \$\) fied Copy S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



March 28, 2016

BRENDA DALTON 1003 MLK BLVD., SUITE K PANAMA CITY, FL 32401

SUBJECT: BAD COLLECTION AGENCY "LLC."

Ref. Number: W16000022716

We have received your document for BAD COLLECTION AGENCY "LLC." and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Maryanne Dickey Regulatory Specialist II

Letter Number: 916A00006275

Division of Compositions, D.O. POV 6297 Tollahaggae, Florida 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BAD Collection Append "LLC"
Name of Limited Libility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all greespondence concerning this matter to the following:
Menda Valton
BAD Collection Agency 121011 Firm/Company
1003 MLK BLVD Swife G
Panama City, F/. 3240/
/ Cify/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Wenda Dulkon at (850) 628-3957
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) S160.00 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 Co. 1915 Co. 1
7016



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2016

BRENDA DALTON 1003 MLK BLVD., SUITE K PANAMA CITY, FL 32401

SUBJECT: BAD COLLECTION AGENCY "LLC."

Ref. Number: W16000022716

We have received your document for BAD COLLECTION AGENCY "LLC." and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

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.

Maryanne Dickey Regulatory Specialist II

Letter Number: 916A00006275

COVER LETTER

Division of Corporations
SUBJECT: BAD Collection Agency "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:
Extenda Dalton
BAD Collection Agency "LLC"
Firm/Condpany
LOB MLK BLVD Swife G
Panama City, Fl. 32405
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed)
Mailing Address Street Address

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

New Filing 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:	. 18 472 18
(Must end with the words "Limited Lightlity Company, "L.L.C.," or "LLC.")	1
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	i
Principal Office Address: 1003 MIK BLVD Suite & LOS MIK BLVD Suite & Canama City, Fl. 32401	
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:	
2519 N. Bouta Du.	
florida street address (P.O. Box NOT acceptable) OM AMA WHY 33405	
City / State Zip Having been named as registered agent and to accept service of process for the above stated limited liability company at the	,
olace 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	I
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
"ABIBR"	Wenda Dathon 5000 1003 My BUD Sujte 32 11 22 11 22 11
(Use attachment if necessary)	2
effective date is listed, the date must be spected of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days af eet the applicable statutory filing requirements, this date will not be liste f State's records.
effective date is listed, the date must be specte of filing.) If the date inserted in this block does not me	cific and cannot be more than five business days prior to or 90 days at eet the applicable statutory filing requirements, this date will not be liste
effective date is listed, the date must be specte of filing.) If the date inserted in this block does not me becoment's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer This document is execute I am aware that any false	cific and cannot be more than five business days prior to or 90 days af

ARTICLE IV-