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DIVISIBLE CORRESPONDED

ORIGINAL

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bullseye Property Operations 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:
Jay Sherman Name of Person
Name of Person
Bulkeye Property Operations LLC
5104 Soundside TRIVE
Address
Gulf Breeze From 32563 City/State and Zip Code Shermaj 20 gmail. Com E-mail address: (to be used for future annual report notification)
Shermai 20 amil. com
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
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

ARTÍCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Bullseye Property Operations 4.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:
5104 Soundoide Deiro	5104 Soundside Drive
Gulf Breeze,	Gulf Bigeze
FLORIDA 32563	FLORIDA 32563

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:

5/04 Soundside Delv Florida street address (P.O. Box NOT acceptable)

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..

istered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each person authorized to manage and control the Limited Liability Company:				
	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
, 😘	"MGR" = Authorized Member "MGR" = Manager MGR	Jay Sherman 5104 Soundside DRIVE		
	N/A	FLORIDA, 32563		
	N/4			
	NA			
the dat	e of filing.)	eet the applicable statutory filing requirements, this date will not be listed as		
	CLE VI: Other provisions, if any.	Totale s records.		
	REQUIRED SIGNATURE: Signature of a mer This document is execute	nber of an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes. and information submitted in a document to the Department of State		

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)