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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Section Division of Corporations		
SHELEC	BUNCE FAMILY RANCH LLC		
SUBJEC	Name of Limited Liability Company		
The encle	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter to the following:		
	BEN A COOPER		
	Name of Person	-	
	PERSONAL CONSULTING SERVICES LLC		
	Firm/Company	_	
	P O BOX 14577		
	Address	16	-
	BRADENTON FL 34280	SEP	7
	City/State and Zip Code BENACOOPER@AOL.COM	- 25 - 25	-": " "
	E-mail address: (to be used for future annual report notification)	- 23	. T
or further	information concerning this matter, please call:	5: 17	71840
	BEN A COOPER 941 795-7048	_	.0
	Name of Person Area Code Daytime Telephone Number		
Enclosed	is a check for the following amount:		
\$125.00 }	Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Mailing Address Street Address		

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

ARTICLE I - Name:

BUNCE FAMILY RA	with the words "Limited	d Linkility Commons	OLIC TOPOLICE	—
(Musi chu v	with the words. Limite	а главицу Сопрапу.	"L.L.C., OF "ELC.)	
RTICLE II - Address:				
e mailing address and street ad	ldress of the principal o	office of the Limited	Liability Company is:	
Principa	al Office Address:		Mailing Address:	
6930 69TH STREET	F.	POI	BOX 14577	
PALMETTO, FL 342			DENTON, FL 34280	
RTICLE III - Registered Age	nt, Registered Office,	& Registered Agen	t's Signature:	
he Limited Liability Company other business entity with an ac	cannot serve as its owr ctive Florida registratio	n Registered Agent. Y on.) d agent are: CE	t's Signature: 'ou must designate an individual or	16 SEP 26
RTICLE III - Registered Age The Limited Liability Company nother business entity with an ac the name and the Florida street a	cannot serve as its owr ctive Florida registration address of the registered	n Registered Agent. Yon.) d agent are:	t's Signature: 'ou must designate an individual or	SEP 26
The Limited Liability Company of other business entity with an according to the company of the c	cannot serve as its owr ctive Florida registration address of the registered	n Registered Agent, Yon.) d agent are: CE Name	t's Signature: 'ou must designate an individual or	SEP 26 PH
he Limited Liability Company other business entity with an ac	cannot serve as its owr ective Florida registration address of the registered STEPHEN A BUNG 6930 69TH STREET	n Registered Agent, Yon.) d agent are: CE Name	ou must designate an individual or	SEP 26
The Limited Liability Company of their business entity with an according to the control of their business entity with an according to the control of their business entity with an according to the control of their business entity with an according to their business entity with an according to the control of their business entity with an according to the control of their business entity with an according to the control of their business entity with an according to the control of their business entity with an according to the control of the control of the control of their business entity with an according to the control of the cont	cannot serve as its owr ective Florida registration address of the registered STEPHEN A BUNG 6930 69TH STREET	n Registered Agent, Yon.) d agent are: CE Name	ou must designate an individual or	SEP 26 PH

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	- 4 .1 . 4 . 1 . 1	Name and Address:
"MGR" =	= Authorized Member Manager	
MGR	ivianagei	STEPHEN A BUNCE
		6930 69TH STREET E
		PALMETTO, FL 34221
MGR		KIMBERLY BUNCE
Mon	" -	6930 69TH STREET E
		PALMETTO, FL 34221
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	 -	
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(Use attacl	nment if necessary)	
(Use attacl	hment if necessary)	
	·	e date of filing: (OPTIONAL)
	·	e date of filing:
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ICLE V: Effect of effective date ate of filing.) e: If the date in locument's effe ICLE VI: Othe	etive date, if other than the is listed, the date must leserted in this block does ective date on the Department provisions, if any. ED SIGNATURE: Signature of This document is e	not meet the applicable statutory filing requirements, this date will not be list ment of State's records.

Filing Fees:

Typed or printed name of signee

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

STEPHEN A BUNCE

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)