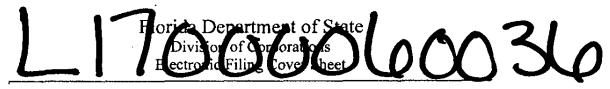
**Division of Corporations** 

Page 1 of 1



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone

: (800)221~2972

Fax Number

: (888)692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## FLORIDA LIMITED LIABILITY CO. SANIBEL BOWLS LLC

Certificate of Status	0
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Page Count	02
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MAR 1 7 2017

K. Brumbley

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SANIBEL BOWLS LI			
(Must contain	n the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	ress of the principal	office of the Li	mited Liability Company is:
Principal	Office Address:		Mailing Address:
11370 ROYAL TEE C	IRCLE		11370 ROYAL TEE CIRCLE
The Limited Liability Company or	i, Registered Office	n Registered A	CAPE CORAL, FL 33991  Agent's Signature: gent. You must designate an individual o
ARTICLE III - Registered Ageni	i, Registered Office annot serve as its ow dive Florida registrati dress of the registere	n Registered A ion.) ed agent are:	Agent's Signature:
ARTICLE III - Registered Agent The Limited Liability Company or nother business entity with an act	i, Registered Office annot serve as its ow ive Florida registrati	n Registered A on.) d agent are:	Agent's Signature:
ARTICLE III - Registered Agent The Limited Liability Company or nother business entity with an act	i, Registered Office annot serve as its ow dive Florida registrati dress of the registere	n Registered A ion.) ed agent are:	Agent's Signature:
ARTICLE III - Registered Agent The Limited Liability Company or nother business entity with an act	i, Registered Office sanot serve as its ow dive Florida registrati dress of the registere KAREN BACALL	n Registered A ion.) ed agent are: A Name	Agent's Signature: gent. You must designate an individual o
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ARTICLE III - Registered Agent The Limited Liability Company can nother business entity with an act The name and the Florida street ad-	t, Registered Office annot serve as its ow live Florida registration dress of the registered KAREN BACALL.  11370 ROYAL TEI Florida street addre	n Registered A ion.)  ed agent are:  A  Name  E CIRCLE  ss (P.O. Box N	Agent's Signature: gent. You must designate an individual o  OT 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 603, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

17 MAR 16 AM 8: 45 SECRETARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	KAREN BACALLA		
	11370 ROYAL TEE CIRCLE CAPE CORAL, FL 33991		
·	CAPE CORAL, FL 33991		
<i>7</i> 1			
(Use attachment if necessary)  EV: Effective date, if other than the date of filing	:(OPTIONAL)		
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.)	: (OPTIONAL) d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.		
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.)  f the date inserted in this block does not meet the ament's effective date on the Department of State'  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.		
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.)  If the date inserted in this block does not meet the ament's effective date on the Department of State'  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.		
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LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.)  If the date inserted in this block does not meet the iment's effective date on the Department of State'  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in accident and any false informations.	applicable statutory filing requirements, this date will not s records.  The analthorized representative of a member cordance with section 605.0203 (1) (b), Florida Statutes. It is 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)
\$ 5.00 Certificate of Status (Optional)