

L17000189991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

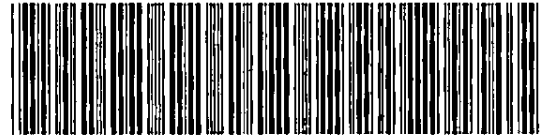
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/06/17--01006--020 ++125.00

17 SEP -6 PM 2:22
FALLS CHURCH, VIRGINIA

09/07/17

COVER LETTER

TO: Registration Section
Division of Corporations
P.O. 6327
Tallahassee, FL 32314

SUBJECT: B B & D of VB LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fredrick W. Baker

IRAA LLC

9015 Americana Rd. #9

Vero Beach, Florida 32966

Rick@iraallc.com

For further information concerning this matter please call:

F.W. Baker at 772-567-0551

Enclosed is a check for the following amount:

\$125.00 for filing fee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BB & D of VB LLC

(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:

9015 AMERICANA Rd #9
VERO BEACH, FL 32966

Mailing Address:

9015 AMERICANA Rd. #9
VERO BEACH, FL 32966

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:

F.W. BAKER

Name

9015 AMERICANA Rd. #9

Florida street address (P.O. Box NOT acceptable)

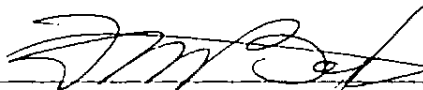
VERO BEACH

City

FL 32966

Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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17 SEP -5 PM 2:22
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

S. MARK BAKER

9015 AMERICANA Rd # 9

VERO BEACH, FL. 32966

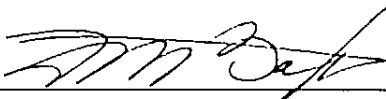
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

F.W. BAKER

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)

FILED
17 SEP -6 PM 2:22
STATE
FLORIDA

Members:

Fredrick W. Baker 9/1/17

Fredrick W. Baker

Print Name of Member: Fredrick W. Baker

S/Mark Baker 9/1/17

S/Mark Baker

Print Name of Member: S. Mark Baker

Wesley Scott Davis 9/1/17

Wesley Scott Davis

Print Name of Member: Wesley Scott Davis

Address: 9015 Americana Rd. #9

Vero Beach, FL 32966

Phone: 772-567-0551 Office