L11000221307

(Requestor's Name)	
(Address)	600305200
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	11/02/1701028004
(Document Number)	TAL
Certified Copies Certificates of Status	AHASS
Special Instructions to Filing Officer:	E FLORID?
Office Use Only	



396

††∗160.0<u>0</u>

MH 10: 68

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC'	BEAN and KK Moonwalks, LLC	2		,
OBSEC		f Limited Liabil	ity Company	- 1
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.	
lease reti	urn all correspondence concerning thi	is matter to the f	following:	
	Jerry Fletcher			
		Name of	Person	-,-
		 Firm/Co	mpany	-
	10411 Sandtran Drive			
	10411 Sandtrap Drive		· · · · · · · · · · · · · · · · · · ·	
		Addr	ess	
	Spring Hill FL 34068			
	jry4@hotmail.com	City/State an	d Zip Code	
		used for future a	innual report notification)	1 1
or further	information concerning this matter, p		•	
	Jerry Fletcher	727 t (224 - 9629	
	Name of Person	Area Code	Daytime Telephone Number	-
	is a check for the following amount:		_	i
\$125,00 F	Filing Fee \$130.00 Filing Fee Certificate of Status	s L—JCertifi	al copy is enclosed) Certified (e of Status &
	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	

The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 10411 Sandtrap Drive, Spring Hill FL 34068 10411 Sandtrap Drive, Spring Hill FL 34068 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 of the limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of the limited Liability Company cannot serve as its own Registered Agent.

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Bean and KK Moonwalks, LLC

Name

114 Hanson Road

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

Interlachen Florida 32148

City State 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..

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	. FARTER CO. 1 FO . 1 T			l l	
•	ARTICLE IV- The name and address	of each person authoriz	zed to manage and control the Limited Lia	bility Company:	
	Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:		
		-		1	
		-			
		-		1	
		_			
				; i	
(If an e the dat <u>Note:</u>	ffective date is listed, the e of filing.)	other than the date of file date must be specific block does not meet t	ing:	lays prior to or 90 days a	1
(If an e the dat Note: the doo	CLE V: Effective date, if confective date is listed, the e of filing.) If the date inserted in this	other than the date of file date must be specific solock does not meet to the Department of St.	and cannot be more than five business d the applicable statutory filing requirements	lays prior to or 90 days a	1
(If an e the dat Note: the doo	CLE V: Effective date, if of offective date is listed, the e of filing.) If the date inserted in this cument's effective date or	other than the date of file date must be specific solock does not meet to the Department of St.	and cannot be more than five business d the applicable statutory filing requirements	lays prior to or 90 days a	-
(If an e the dat Note: the doo	CLE V: Effective date, if of offective date is listed, the e of filing.) If the date inserted in this cument's effective date or	other than the date of file date must be specific is block does not meet to the Department of State if any.	and cannot be more than five business d the applicable statutory filing requirements	lays prior to or 90 days a	1
(If an e the dat Note: the doo	CLE V: Effective date, if of effective date is listed, the e of filing.) If the date inserted in this cument's effective date or CLE VI: Other provisions, REQUIRED SIGNAT	other than the date of file date must be specific is block does not meet to the Department of State if any.	the applicable statutory filing requirements ate's records.	lays prior to or 90 days at s. this date will not be liste	1
(If an e the dat Note: the doo	CLE V: Effective date, if of effective date is listed, the e of filing.) If the date inserted in this cument's effective date or CLE VI: Other provisions, REQUIRED SIGNAT S This do I am av	other than the date of file date must be specific is block does not meet to the Department of State if any. TURE: Signature of a member of a member of the date is executed in ware that any false info	and cannot be more than five business d the applicable statutory filing requirements	lays prior to or 90 days at s. this date will not be listed to the second to the listed to the second to the secon	1
(If an e the dat Note: the doo	CLE V: Effective date, if of effective date is listed, the e of filing.) If the date inserted in this cument's effective date or CLE VI: Other provisions, REQUIRED SIGNATE STATE do I am aveconstite	other than the date of file date must be specific as block does not meet to the Department of State if any. "URE: Signature of a membe ocument is executed in ware that any false infoutes a third degree feloutes a third degree feloutes."	r or an authorized representative of a maccordance with section 605.0203 (1) (b) armation submitted in a document to the Deny as provided for in s.817.155, F.S.	lays prior to or 90 days at s. this date will not be liste sember. Florida Statutes. epartment of State	1
(If an e the dat Note: the doo	CLE V: Effective date, if of effective date is listed, the e of filing.) If the date inserted in this cument's effective date or CLE VI: Other provisions, REQUIRED SIGNAT S This do I am as constit	other than the date of file date must be specific as block does not meet to the Department of State if any. TURE: Signature of a membe occurrent is executed in ware that any false infoutes a third degree feloutes a third	r or an authorized representative of a maccordance with section 605.0203 (1) (b) remation submitted in a document to the De	lays prior to or 90 days at s. this date will not be liste s. this date will not be liste s. Florida Statutes. Epartment of State TALL AHASSI	1
(If an e the dat Note: the doo	CLE V: Effective date, if of effective date is listed, the e of filing.) If the date inserted in this cument's effective date or CLE VI: Other provisions, REQUIRED SIGNAT S This do I am as constit	other than the date of file date must be specific as block does not meet to the Department of State if any. "URE: Signature of a membe occurrent is executed in ware that any false infoutes a third degree feloutes a third	r or an authorized representative of a maccordance with section 605.0203 (1) (b) irmation submitted in a document to the Debry as provided for in s.817.155, F.S. ped or printed name of signee Filing Fees:	lays prior to or 90 days at s. this date will not be liste s. this date will not be liste s. Florida Statutes. Epartment of State	1