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(Ad	ldress)	
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COVER LETTER

	New Filing Section Division of Corporations			
SUBJECT	Bow & Anchor, LLC			
Sobine	Name of Limited Liability Company			
The enclos	sed Articles of Organization and fee(s) are submitted for filing.			
Please reti	um all correspondence concerning this matter to the following:			
	Michelle Fusillo, Esq.			
	Name of Person			
	Fusillo Law, PLLC			
	Firm/Company			
	9957 Moorings Dr., Suite 201			
	Address			
	Jacksonville, FL 32257			
	City/State and Zip Code hjbaw25@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further i	information concerning this matter, please call:			
	Michelle Fusillo 904 559-1800 at ()			
	Name of Person Area Code Daytime Telephone Number			
Enclosed i	s a check for the following amount:			
S125.00 F	Siling Fee Siling Fee & Siling Fee & Siling Fee & Certificate of Status Certified Copy (additional copy is enclosed) Siling Fee & Siling Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			
	Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bow & Anchor	LLC			
(Mus	t contain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and st	reet address of the principal of	office of the Limited	I Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
2116 Dunes W	2116 Dunes Way Dr. W		2116 Dunes Way Dr. W	
Jacksonville, F	Jacksonville, FL 32225-1881		Jacksonville, FL 32225-1881	
				
•	th an active Florida registrations street address of the registered	•		or
•	•	l agent are:		
-	street address of the registered	•		
-	street address of the registered	l agent are: Name		
•	Suzanne Baw	l agent are: Name	acceptable)	
•	Suzanne Baw 2116 Dunes Way Dr	l agent are: Name	acceptable) 32225-1881	
•	Suzanne Baw 2116 Dunes Way Dr Florida street addres	Name . W s (P.O. Box NOT :	•	
The name and the Florida s	Suzanne Baw 2116 Dunes Way Dr Florida street addres Jacksonville City	Name . W s (P.O. Box NOT a	32225-1881 Zip	
The name and the Florida s	Suzanne Baw 2116 Dunes Way Dr Florida street addres Jacksonville City Gered agent and to accept serv	Name . W s (P.O. Box NOT a FL State	32225-1881 Zip e above stated limited liability com	ipany at th
The name and the Florida s laving been named as regist lace designated in this certification of the comply with	Suzanne Baw Suzanne Baw 2116 Dunes Way Dr Florida street addres Jacksonville City Fered agent and to accept serve dicate, I hereby accept the app the provisions of all statutes re-	Name . W s (P.O. Box NOT : FL State ice of process for the ointment as register elating to the prope	32225-1881 Zip	ipany at th apacity. I duties, an

(CONTINUED)

ARTICLE IV-

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

	Title:		Name and Address:
	"AMBR" = Authoriz	ed Member	
	"MGR" = Manager AMBR		Billie-Jo Baw
	AMDK		4323 Eagle Rock Blvd APT 313
			Los Angeles, CA 90041
	AMBR		Suzanne Baw
			2116 Dunes Way Dr. W
			Jacksonville, FL 32225-1881
	(Use attachment if no	cessary)	
If an e he date <u>Note:</u>	ffective date is listed, t e of filing.) If the date inserted in t	he date must be specifi	iling:
		on the Department of C	5 125 NO.
RTIC	LE VI: Other provision	is, if any.	
	 .		
	· ·-	·	
	REOUIRED SIGNA	ATURE:	$\Delta \Omega$
	I am	document is executed i aware that any false inf	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.
	I am	document is executed i aware that any false inf litutes a third degree fel	in accordance with section 605.0203 (1) (b), Florida Statutes, ormation submitted in a document to the Department of State
	I am	document is executed in aware that any false inflitutes a third degree fel Suzanne Baw	in accordance with section 605.0203 (1) (b), Florida Statutes, ormation 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)

\$ 5.00 Certificate of Status (Optional)