

L18000021562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

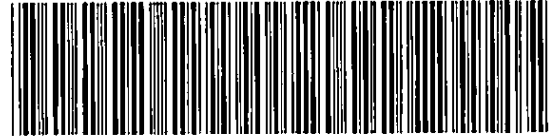
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000308127540

01/24/18--01014--024 **160.00

FILED
18 JAN 24 PM 4:38
CLERK OF COURT
JAN 24 2018

C RICO
JAN 24 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bakup Plan, L.L.C.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Alfred Johnson, Jr.
Name of Person

Bakup Plan, L.L.C.
Firm/Company

751 Van Buren Street
Address

Jacksonville, Florida 32202
City/State and Zip Code

nw.insider@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfred Johnson, Jr. at (904) 476-0278
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

The name of the Limited Liability Company is:

Bakup Plan, L.L.C.
(Must contain 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:

751 Van Buren Street
Jacksonville, Florida 32202

Mailing Address:

P.O. Box 12074
JACKSONVILLE, Florida 32204

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:

MARK WEBER
Name

13846 ATLANTIC BLVD #412
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE, FL 32225
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..

Mark Weber
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 JAN 24 PM 4:36
ALABAMA SECRETARY OF STATE

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

AMBR

Name and Address:

Alfred Johnson, Jr.

751 Van Buren Street

Jacksonville, Florida 32202

Marilyn Johnson

751 Van Buren Street

Jacksonville, Florida 32202

(Use attachment if necessary)

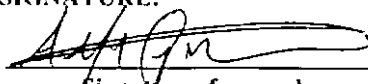
ARTICLE V: Effective date, if other than the date of filing: 01/27/2018 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Alfred Johnson Jr

Typed or printed name of signer

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)