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COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Bob and DUCK LLC. 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:
MIChael Burge Name of Person
Firm/Company
5A 12th Avenue Address
Key West FL 33040 City/State and Zip Code Manual Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Machael Burge at 305 896-3458 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S155.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabassee, FL 323142661 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:	
By and Duck LLC (Must contain the words "Limited Liability Co	ompany, "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:	Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Michael Ruco Name 5A 12th Avenue Florida street address (P.O. Bo:	Agent. You must designate an individual or
<u>Key West</u> F	L 33040 E Zip
Having been named as registered agent and to accept service of proce	ess 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..

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR" = Manager	Michael Burge 5A 12th Alkove Key West, FL 33040
MGC	George Dirkes 7A 12th Avenue Key west FL 33040
	
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
of filing.) f the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be
of filing.)	not meet the applicable statutory filing requirements, this date will not be
of filing.) f the date inserted in this block does ument's effective date on the Depart	not meet the applicable statutory filing requirements, this date will not be
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of filing.) If the date inserted in this block does ument's effective date on the Departure VI: Other provisions, if any. REOUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
of filing.) If the date inserted in this block does ament's effective date on the Departitue VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
of filing.) If the date inserted in this block does iment's effective date on the Department's effective date of the Depa	not meet the applicable statutory filing requirements, this date will not ment of State's records. A member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information 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)