

3/22/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RECEIVED
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DIVISION OF CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
BUZZ AROUND DRONE SERVICES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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134357

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BUZZ AROUND DRONE SERVICES 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:

DAVID & DONNA BILLER

Name of Person

BUZZ AROUND DRONE SERVICES LLC

Firm/Company

2369 NW 89TH DR #503

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BILLER

954

914-8297

at ()

Name of Person

Area Code

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUZZ AROUND DRONE SERVICES LLC

(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:

2369 NW 89TH DRIVE #503
CORAL SPRINGS, FL 33065

Mailing Address:

SAME

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:

DAVID BILLER

Name

2369 NW 89TH DRIVE #503

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

CORAL SPRINGS

FL

33065

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

DAVID BILLER

2369 NW 89TH DR #503

CORAL SPRINGS, FL 33065

MGR/AMBR

DONNA BILLER

2369 NW 89TH DR #503

CORAL SPRINGS, FL 33065

(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.)

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.

DAVID BILLER

Typed or printed name of signee