

L18000193501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

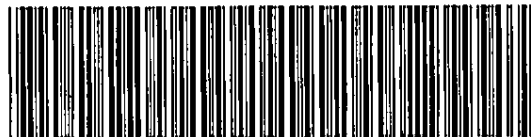
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/08/18--01015--012 \*\*125.00

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AUG 13 2018

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DIVISION OF CORPORATIONS  
STATE OF ARIZONA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BONSAIII CLASSIFIEDS 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:

JEMI ANKLESARIA  
Name of Person

BONSAIII CLASSIFIEDS LLC  
Firm/Company

1711 13270 CORBEL CIRCLE  
Address

Fort Myers, FL 33907  
City/State and Zip Code

a\_jemi@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEMI ANKLESARIA at ( 239 ) 208 4319  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BONSALL CLASSIFIEDS LLC

(Must end with 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:**

**Mailing Address:**

1711 13270 CORBEL CIRCLE

Fort Myers, FL 33907

1711 13270 CORBEL CIRCLE

Fort Myers, FL 33907

**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:

JEMI ANKLESARIA

Name

1711 13270 CORBEL CIRCLE

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

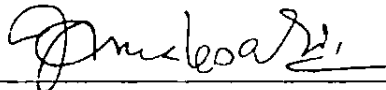
Fort Myers

FL 33907

City

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)

**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

**Name and Address:**

JEMI ANKLESARIA

1711 13270 CORBEL CIRCLE

Fort Myers, FL 33907

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(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.)


**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

JEMI ANKLESARIA

Typed or printed name of signee

**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)

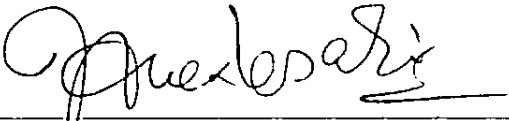
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DIVISION OF CORPORATIONS  
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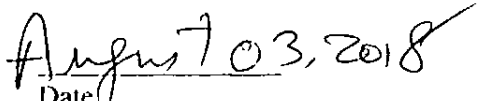
BONSAIII CLASSIFIEDS LLC  
1711 13270 CORBEL CIRCLE  
Fort Myers, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of BONSAIII CLASSIFIEDS LLC:

JEMI ANKLESARIA  
1711 13270 CORBEL CIRCLE  
Fort Myers, FL 33907

  
\_\_\_\_\_  
JEMI ANKLESARIA, Organizer

  
\_\_\_\_\_  
Date

RECEIVED  
BONSAIII CLASSIFIEDS LLC  
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