

| (Re | equestor's Name) | | |
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| (Cit | ty/State/Zip/Phone #) | | |
| PICK-UP | WAIT MAIL | | |
| (Bu | usiness Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates of Status | | |
| Special Instructions to | Filing Officer: | | |
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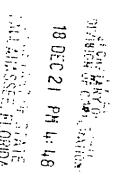
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10/17/18--01030--019 **125.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2018

TIMOTHY BAUER 710 LOGAN BLVD SOUTH NAPLES, FL 34119

SUBJECT: BAUER CONSULTING LLC

Ref. Number: W18000090932

We have received your document for BAUER CONSULTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 918A00021427

Keyna E Page Regulatory Specialist II C 21 AM 8: 29

COVER LETTER

| pro rec | BAUER CONSULTING LLC | | |
|-------------|---|-----------------|--|
| SUBJEC | T:Name of I | Limited Liabil | ity Company |
| The enclo | sed Articles of Organization and fee(s) | are submitted | for filing. |
| Please ret | urn all correspondence concerning this | matter to the | following: |
| | TIMOTHY BAUER | | |
| | | Name of | Person |
| | BAUER CONSULTING LLC | | |
| | | Firm/Co | ompany |
| | 710 LOGAN BOULEVARD SOUT | Н | |
| | | Addr | ress |
| | NAPLES FL 34119 | | |
| | TIME AUCOSS CHOTALAU COM | City/State an | id Zip Code |
| | E-mail address: (to be us | ed for future a | annual report notification) |
| For further | information concerning this matter, ple | | , |
| | TIMOTHY BAUER | 239 | 597-8806 |
| | Name of Person | | Daytime Telephone Number |
| Enclosed | is a check for the following amount: | | |
| | Filing Fee S130.00 Filing Fee & Certificate of Status | LCertifi | 20 Filing Fee & S160.00 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 1 - Name:

| The name of the Limited Liabili | | | | | | |
|--|--|---|--|-----------------------|-------------|----------|
| BAUER CONSULT (Must con | | Liability Con | ipany, "L.IC.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street a | | · | , , | | | |
| Princip | oal Office Address: | | Mailing Address: | | | |
| 710 LOGAN BOULEVARD SOUTH NAPLE FL 34119 | | | 710 LOGAN BOULEVARD SOUTH NAPLES FL 34119 | | | |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an | y cannot serve as its own | Registered A | d Agent's Signature: ogent. You must designate an individual | lor | | |
| The name and the Florida street | address of the registered | d agent are: | | TALL OF | 18 [| - |
| | TIMOTHY BAUER | | | 2 - 1 | DEC | ; ; |
| | | Name | | 8 | 21 | |
| | 710 LOGAN BOUL | EVARD SOL | JTH | iliş. | ₽ | |
| | Florida street addres | ss (P.O. Box 🕽 | <u>NOT</u> acceptable) | | -E | 1 |
| | NAPLES | FL | 34119 | | | 25 25 |
| | City | State | Zip | | œ | ٠,٠ |
| 'ace designated in this certificate rther agree to comply with the p | , I hereby accept the app rovisions of all statutes r | pointment as reclating to the as registered | for the above stated limited liability con egistered agent and agree to act in this c proper and complete performance of my owent as provided for in Chapter 605, F Signature (REQUIRED) | apacity. duties, a | 1 | |

ARTICLE IV-

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

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager AMBR, MGR | TIMOTHY BAUER 710 LOGAN BOULEVARD SOUTH NAPLES FL 34119 |
| | 18 DE 0 |
| | C 21 PM |
| | PM 4: 48 |
| (Use attachment if necessary) | |
| If an effective date is listed, the date must be spec he date of filing.) | of filing: 10/01/2018 (OPTIONAL) ciffe and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as f State's records. |
| REOUIRED SIGNATURE: | |
| This document is execute I am aware that any false | nber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typod or printed name of signee |
| | Filing Fres |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$-30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

10/19/18 CORPORATE DETAIL RECORD SCREEN 11:53 AM

NUM: L06000006688 ST:FL ACTIVE/FL LIM LIAB FLD: 01/19/2006 EFF: 01/19/2006

LAST: REINSTATEMENT FLD: 10/03/2011

TOTAL CONTR: 0.00 FEI#: 20-4137441

NAME : BAUER CONSULTING P.L. PRINCIPAL: 4001 SOUTH MOON DRIVE ADDRESS VENICE, FL 34292 RA NAME : BAUER, JOHN G

RA ADDR : 4001 SOUTH MOON DRIVE

VENICE, FL 34292 US

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ANN REP : (2016) W 02/10/16 (2017) W 03/19/17 (2018) W 03/09/18

1. MENU, 3. MGR/MEM, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: