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COVER LETTER

	Filing Section on of Corporations				
SUBJECT: _	BBU	Land Name of	Holdings nited Liability Com	L.C.	<u>C</u> .
The enclosed A	articles of Organization	n and fee(s) a	re submitted for tilin	ng.	
Please return al	II correspondence conc	cerning this m	atter to the followin	ıg:	
	Bradley	Ĺ	Name of Person		
 	725 M	ichael	D.C. Address		·
	Cfawtordy (1 brad Vause E-mail addre			lode eport notification	7 on)
			,		
	Name of Person	iii (Nrea Code Day	time Telephone	e Number
	theck for the following Fee \$130.00 F Certificat		\$155.00 Filin Certified Cop (additional copy	,, ,,	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations	New F Divisio Cliftor 2661 I	Address Tiling Section on of Corporation Building Executive Center assee, F1, 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:					
RAV	Land	Holdines.	L.L.C.		

(Must contain the words "Limite

ibility Company J..L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
225 Michael DR	Same
Crawfordville FL 32377	

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:

Brad Warse

1036 Summer brooke DR
Florida street address (P.O. Box NOT acceptable)

Tallahasrer, FL 32312

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 statuted relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position is registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Typed or printed name of signee

Digulature 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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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