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COVER LETTER

	Brendon's Bees, LLC				
SUBJECT	Name of Limited Liability Company				
The enclos	ed Articles of Organization and fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning this matter to the following:				
	Brendon Bock				
	Name of Person	-			
	Brendon's Bees, LLC				
	Firm/Company				
	1816 76th Street West				
	Address				
	Bradenton, Florida 34209	19 JAN			
	City/State and Zip Code	- 7			
	E-mail address: (to be used for future annual report notification)				
For further i	nformation concerning this matter, please call:	## II: 5i			
	Brendon Bockat (941)705-2067				
	Name of Person Area Code Daytime Telephone Number				
Enclosed i	s a check for the following amount:				
\$125.00 F	Siling Fee \$\ \text{Certificate of Status} \text{Status} \text{Status Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}				
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Brendon's Bees, LLC	
(Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
A PORT OF THE STATE OF THE STAT	
ARTICLE II - Address: The mailing address and street address of the principal Principal Office Address:	l office of the Limited Liability Company is: Mailing Address:
The mailing address and street address of the principal	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Name

1816 76th Street West

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

Bradenton Florida 34209

City State Zip

upany at the capacity. I

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Auth	norized Member	Name and Address:
"MGR" = Manaş MGR		Brendon Bock 1816 76th Street West Bradenton, Florida 34209
		
	<u> </u>	
(Use attachment	if necessary)	
If an effective date is list he date of filing.) <u>Note:</u> If the date inserted	ed, the date must be specific an	. (OPTIONAL) d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as s records.
ARTICLE VI: Other prov	•	
REQUIRED SI	GNATURE:	5
1	This document is executed in ac I am aware that any false informa	r an authorized representative of a member. cordance with section 605.0203 (1) (b). Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
	Brendon Bock	or printed name of signee

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

Filing Fees:

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)