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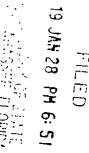
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Bustuce Builds L.L. C. 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:
Name of Person
Name of Person
Firm/Company
8 Overbrook Count Address
City/State and Zip Code Thainheidge Sagmail. am E-mail address: (to be used for future annual report notification)
The inheritant Sound it can
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

Mailing Address

\$125.00 Filing Fee

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$130.00 Filing Fee & Certificate of Status

Street Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

\$160.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

ARTICLES'OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Basturd Builds L	. <u>L</u> . C.
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8 Overbrook court Ormand Beach , IFL , 32174	Sound Bandidge

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:

Sorina Bainbridge

Name

8 Overbrook Court

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

Ormand Beach FL 32174

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)

JAN 28 PH 6: 5

ARTICLE IV-

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

Title: "AMBR" = Authorized Me	mher	Name and Address:		
"MGR" = Manager	THOSE I			
				-
				- -
AMBR		Joshua Bainbridge		_
		& Over Start Corrts	3.u	_
		Ormand Beach, FL, 321	<u> </u>	-
			 	-
				- -
				_
(Use attachment if necessar	• .	g: February 28,2019 (OPT)		
CLE VI: Other provisions, if a				
REQUIRED SIGNATUR	E:			
	wh Sinh			•
This docur	nent is executed in a	or an authorized representative of a membe ccordance with section 605.0203 (1) (b), Flor	ida Statutes	;_
l am aware constitutes	that any false inform a third degree felony	nation submitted in a document to the Departn as provided for in s.817.155, F.S.	nent of State	ľ.
	Jackus 19	Sain heidag		
	Type	ed or printed name of signee	-	
		Filing Fees:		<u>.</u>
		tion and Designation of Registered Agent		1 1 L
S 30.00 Certified Copy S 5.00 Certificate of St				28
3 2.00 Certificate 01 St	atus (VI)(IVIIIIII)			
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