

L19000144896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

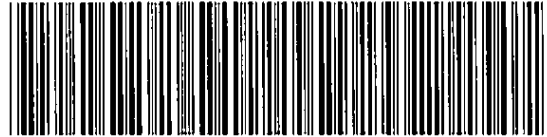
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330689018

FILED

2019 JUN 11 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 11 PM 2:55

CRIMINAL INVESTIGATIONS
TALLAHASSEE, FLORIDA

RECEIVED

JUN 12 2019

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06-11-19

NAME: BUELL MANAGEMENT SOLUTIONS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUN 11 AM 11:39

FILED

ARTICLE I NAME

The name of the Limited Liability Company is:

BUELL MANAGEMENT SOLUTIONS LLC

ARTICLE II ADDRESS

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

2412 IRWIN STREET

MELBOURNE, FLORIDA 32901

ARTICLE III REGISTERED AGENT

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

RICKY BUELL

450 LAMBRIGHT STREET SW

PALM BAY, FLORIDA 32908

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.

X



RICKY BUELL / Registered Agent's signature

PAGE 2 BUELL MANAGEMENT SOLUTIONS LLC

ARTICLE IV AUTHORIZED PERSON(S)

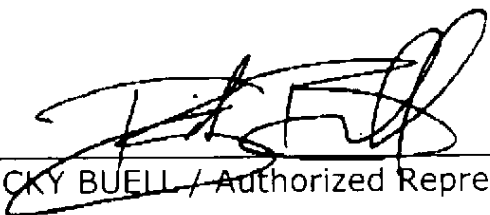
The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

RICKY BUELL

450 LAMBRIGHT STREET SW

PALM BAY, FLORIDA 32908

X  _____
RICKY BUELL / Authorized Representative's signature

(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.)