1/27/2020

# Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000030748 3)))



H2000000307483ABCY

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Fax Number

: (323)962-3889

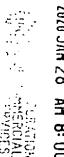
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

# FLORIDA LIMITED LIABILITY CO.

# Bank Bunny, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00



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Corporate Filing Menu

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M SIMMONS

JAN 28 2020



www.flofr.com

August 20, 2019

Mr. Lawrence Principato 1937 E. Atlantic Blvd. Suite 201 Pompano Beach, Florida 33060

Re: Bank Bunny, LLC

Dear Mr. Principato:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Bank Bunny, LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. The company will also not engage in business purporting to be a financial institution. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state. Should the name become confusing to the public, future modifications may be necessary.

Sincerely,

Jeremy W. Smith

Director

Division of Financial Institutions

JWS/trd

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

# COVER LETTER

TO:	Registration Section Division of Corporations	
orth tiz	Bank Bunny, LLC	
SORTE	CCT: Name of Limited	Liability Company
The enc	closed Articles of Organization and fee(s) are sub	omitted for filing.
Please re	return all correspondence concerning this matter	to the following:
	Cheyenne Moseley, Legalzoom.com, Inc.	
	N	ame of Person
	Legalzoom.com, Inc.	
	1	irm/Company
	101 N. Brand Blvd., 10th Floor	
		Address
	Giendale, CA 91203	
	•	State and Zip Code
	onlinefilings@Legaizonm.com	future annual report notification)
For furt	ther information concerning this matter, please ex	
10.	Cheyenne Moseley 323	962-8600 ext. 7625
		Code Daytime Telephone Number
	osed is a check for the following amount:  5.00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTIONAGE	, , , , , , , , , , , , , , , , , , ,	(),()(),(1),(),(1),(1),(),(),(),(),(),(),(),(),(),(),(),(),()	7.00.00	
ARTICLE I - Name: The name of the Limited Liability	Company is:			
Bank Bunny, LLC				
(Must end w	ith the words "Limited L	iability Company. "	'L.L.C" or "L.L.C.")	
ARTICLE II - Address:				
The mailing address and street ad-	fress of the principal offi	ce of the Limited L	lability Company is:	
<u>Principa</u>	Office Address:		Mailing Address:	
1937 E Atlantic Blvd		<u></u>		_
Pompano Beach, FL	3060	<del></del>		-
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac-	caunot serve as its own R etive Florida registration	tegiste:ed Agent, Ye .)	's Signature: ou must designate an individual or	
	Lisa D Principato			
		Name		
	4161 NE 30th Terrace	·		
	Florida street address	(P.O. Box <u>NOT</u> acc	ceptable)	
	Lighthouse Point	Fìorida	33064	

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.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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020 JA1129 - Z11(O: AR

<u>Fitle:</u> 'AMBR" = Authorized Membe	Name and Address:
'MGR" = Manager	
MGR - Manager	Lisa D Principato
	1937 E Atlantic Blvd
	Pompano Beach, FL 33060
EV: Effective date, if other tha ective date is listed, the date is	n the date of filing:
ective date is listed, the date n	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other that ective date is listed, the date in of filing.) If the date inserted in this block ment's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other that ective date is listed, the date is of filing.) If the date inserted in this block ment's effective date on the De LE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will no partment of State's records.
EV: Effective date, if other that ective date is listed, the date is of filing.) If the date inscreed in this block ment's effective date on the Detective	ust be specific and cannot be more than five husiness days prior to or 90 does not meet the applicable statutory filing requirements, this date will no partment of State's records.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of States.
EV: Effective date, if other that ective date is listed, the date is of filing.) If the date inscreed in this block ment's effective date on the Detective	ust be specific and cannot be more than five husiness days prior to or 90 does not meet the applicable statutory filing requirements, this date will no partment of State's records.

Page 2 of 2

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