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Office Use Only



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## COVER LETTER

	New Filing Sec Division of Cor							
end inc	98 Services	s, LLC						
SUBJEC	1: <u> </u>	Name of Lin	nited Liabil	ity Company				
The enclo	sed Articles of	Organization and fee(s) are	e submitted	for filing.				
Please ret	urn all correspo	ondence concerning this ma	itter to the f	following:				
	Mark Bonfar	nti						
		<del></del>	Name of	Person	·			
	Hall, Gilligan, Roberts, & Shanlever, LLC							
	Firm/Company							
	1241 Airport Road, Suite A							
	Address							
	Destin, Flori	da 32541						
			ity/State an	d Zip Code	<del> </del>			
	mlbonfanti@g	·	£ £ .	1	·			
		E-mail address: (to be used		innuai report notificat	101)			
For further	information co	ncerning this matter, please	e call:					
	Mark Bonfan	= 1	0	545-0038				
	Name of Person		Area Code Daytime Telephor		ne Number			
Enclosed	is a check for t	he following amount:						
		□\$130.00 Filing Fee & Certificate of Status	& □S155.00 Filing Fee & Certified Copy (additional copy is enclosed)		☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address			Street Address				

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

98 Services, LLC		<u></u>		
(Must co	ontain the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	t address of the principal off	ice of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
2001 Thomasville	Rd	2001	Thomasville Rd	
Tallahassee, FL 32	308	Talla	Tallahassee, FL 32308	
The Limited Liability Compa	ny cannot serve as its own R	Registered Agent. \	nt's Signature: You must designate an individual o	
The Limited Liability Compa mother business entity with a	ny cannot serve as its own R n active Florida registration	Registered Agent. \ .)		
The Limited Liability Compa another business entity with a	ny cannot serve as its own R n active Florida registration	Registered Agent. \ .)		
The Limited Liability Compa mother business entity with a	ny cannot serve as its own R n active Florida registration et address of the registered a Mark L. Bonfanti	Registered Agent. \ .)  agent are:		
The Limited Liability Compa another business entity with a	ny cannot serve as its own R n active Florida registration et address of the registered a Mark L. Bonfanti	Registered Agent. \ .)		
The Limited Liability Compa mother business entity with a	ny cannot serve as its own R n active Florida registration et address of the registered a Mark L. Bonfanti	Registered Agent. \ .)  Igent are:  Name		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stree	ny cannot serve as its own R n active Florida registration et address of the registered a  Mark L. Bonfanti	Registered Agent. \ .)  agent are:  Name  ite A	You must designate an individual o	
(The Limited Liability Compa another business entity with a	ny cannot serve as its own R n active Florida registration et address of the registered a  Mark L. Bonfanti  1241 Airport Road, Su	Registered Agent. \ .)  agent are:  Name  ite A	You must designate an individual o	

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..

Mak / Bonfartt

Registered Agent's Significate (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title:		Name and Address:
	= Authorized Member	
"MGR" =	Manager	
MGR		Charles Muserove
•	<del></del>	5350 Carisbrooke Lane
		Tallahassee, FL 32309
		W 10 8 3
MGR	<del></del>	Mark Bonfanti 1241 Airnort Road, Suite A
		Destin, FL 32541
	<del></del>	
		· · · · · · · · · · · · · · · · · · ·
(Use attacl	nment if necessary)	
		filing: <u>3/22/2021</u> . (OPTIONAL)
	is listed, the date must be specif	fic and cannot be more than five business days prior to or 90 days after
he date of filing.)		
	serted in this block does not mee ective date on the Department of	at the applicable statutory filing requirements, this date will not be listed as
are document serie	cuve take on the Bepartment of	office of records.
ARTICLE VI: Othe	r provisions, if any.	
	<u> </u>	
		<u> </u>
	<b>△</b>	
<u>REOUIRI</u>	ED SIGNATURE:	1
	$\alpha(\lambda \lambda \lambda I)$	/
		4ν/\
	Signature of a meml	per or an authorized representative of a member.
		in accordance with section 605.0203 (1) (b), Florida Statutes.
		formation submitted in a document to the Department of State
	constitutes a third degree re	lony as provided for in s.817.155, F.S.
	Charles Musgrove	
		Typed or printed name of signee
		VI I TO THE TO THE

Filing Fees:

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

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