

L21000139222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

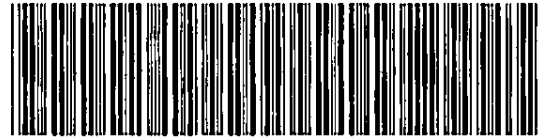
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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M MOON  
MAR 03 2021

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CORY BILADEAU

Name of Person

Firm/Company

15 PARADISE PLZ #229

Address

SARASOTA, FL 34239

City/State and Zip Code

CORYBILADEAU@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORY BILADEAU 612 532-3771 \_\_\_\_\_ at (\_\_\_\_)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

L KAY BILADEAU LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

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FILED  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF TALLAHASSEE  
FLORIDA

**Principal Office Address:**

**Mailing Address:**

15 PARADISE PLZ #229 15 PARADISE PLZ #229 SARASOTA, FL 34239  
SARASOTA, FL 34239

**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:

CORY BILADEAU

Name

15 PARADISE PLZ #229

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

SARASOTA FL 34239  
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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member "MGR"

= Manager

AMBR

AMBR

**Name and Address:** 15

CORY BILADEAU  
JAMES BILADEAU JR  
15 PARADISE  
PLZ #229  
SARASOTA, FL 34239

406 17TH STREET SW  
ALTOONA, IA 50009

JAMES A BILADEAU

1501 188TH ROAD 15 PARADISE PLZ #229  
BOONE, IA 50036 SARASOTA FL 34239

AMBR

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

CORY BILADEAU

Typed or printed name of signee

**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)

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