

L21000 278310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

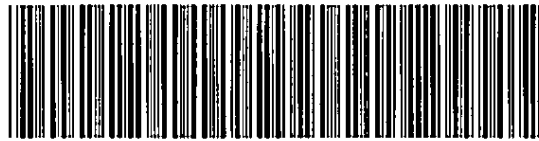
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400366901504

05/26/21--01011--030 \*\*130.00

FILED  
MAY 26 PM 2:26  
2021

TH

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** NATTY BUMPPO HOLDING COMPANY, LLC  
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:

IAN KENYON

Name of Person

NATTY BUMMPO HOLDING COMPANY, LLC

Firm/Company

3 SUSQUEHANNA AVE.

Address

COOPERSTOWN, NY 13326

City/State and Zip Code

ian\_kenyon@alumni.brown.edu

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

For further information concerning this matter, please call:

IAN KENYON

845

750-2549

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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2014 JUN 23 PM 2:27

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATTY BUMPPPO HOLDING COMPANY, 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:

Principal Office Address:

Mailing Address:

3 SUSQUEHANNA AVE.  
COOPERSTOWN, NY 13326

3 SUSQUEHANNA AVE.  
COOPERSTOWN, NY 13326

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:

REGISTERED AGENTS INC.

Name

7901 4TH ST N STE 300

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

ST. PETERSBURG

FL

33702

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)

2011-01-26 PM 2:27

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

IAN KENYON

3 SUSQUEHANNA AVE.

COOPERSTOWN, NY 13326

(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: MAY 20, 2021. (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.

IAN KENYON

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)

Ian Kenyon  
3 Susquehanna Avenue  
Cooperstown, NY 13326

May 20, 2021

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

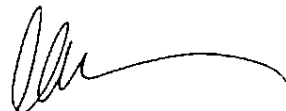
To whom it may concern:

Enclosed are the forms and instructions to form a Florida Limited Liability Company (LLC) pursuant to Chapter 605, Florida Statutes.

The LLC to be formed will be named **Natty Bumppo Holding Company, LLC** with a sole Manager, Ian Kenyon. Ian Kenyon's address is listed above (Cooperstown, NY) with a daytime telephone number of (845) 750-2549. The address serves as the primary contact for mailing and street/courier activities.

Please contact me with any questions. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to be 'Ian Kenyon', with a long horizontal flourish extending to the right.

Ian Kenyon