

L21000483096

(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



300372749633

11/12/21--01001--019 \*\*125.00

RECEIVED  
2021 NOV 12 PM 12:23  
FALL RIVER  
MASS

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world!

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

**WALK IN**

**PICK UP: 11/12 DANNY**

**CERTIFIED COPY**

**PHOTOCOPY**

**CUS**

**FILING**

**LLC**

1. **BIG BUCKET DEVELOPMENT, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #)

5. (CORPORATE NAME AND DOCUMENT #)

6. (CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** BIG BUCKET DEVELOPMENT, 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:

ROBERT SALTSMAN

Name of Person

ROBERT P. SALTSMAN, P.A.

Firm/Company

P.O. BOX 2146

Address

WINTER PARK, FL 32790

City/State and Zip Code

JUDY@SALTSMANPA.COM

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

For further information concerning this matter, please call:

ROBERT SALTSMAN at ( 407 ) 647-2899  
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:

BIG BUCKET DEVELOPMENT, 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:

4750 THE GROVE DRIVE, SUITE 290  
WINDERMERE, FL 34786

Mailing Address:

4750 THE GROVE DRIVE, SUITE 290  
WINDERMERE, FL 34786

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:

WADE S. ONEY

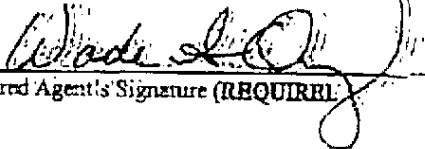
Name

4750 THE GROVE DRIVE, SUITE 290

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

<u>WINDERMERE</u>	<u>FL</u>	<u>34786</u>
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)

