# 121000483096

(f	Requestor's Name)	
(i	Address)	
( <i>f</i>	Address	
((	City/State/Zip/Phone	e #)
PICK-UP	TIAW [	MAIL
· · · · · · · · · · · · · · · · · · ·	Susiness Entity Nar	na)
ζ,	Juditional Control of their	
([	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Eding Officer	
erpeoidi ilisti settorio e	or mig omics.	

Office Use Only



300372749633

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

2021 NOV 12 PH 12: 2

3

DECT VED

## CORPORATE

When you need ACCESS to the world!

ACCESS.	A	C		ES	S.
---------	---	---	--	----	----

236 East 6th Avenue: Tallahassee, Florida 32303

P:ODBox 37066 (32315-7066). ~ (850):222-2666 or (800) 96941666; Fax (850):222-1666

## WALK IN

		PI	CKUP:	11/12	DANNY			
		CERTIFIED GOPY				 ·		
	XX:	<b>РНО</b> ТОСОРУ		<del>-</del>			<u>-</u> _	
		eus				 		
	<b>XX</b> 3-	FILING	LLC	-			-	
1	<u>B</u>	BIG. BUCKET: DEVE CORPORATE NAME AND DO	LOPMENT	, LLC		 · 		
2.	10	CORPORATE NAME AND DO	CUMENT#)			 		·
3.	-(C	IORPORATE NAME, AND DOG	TUMENT #1	<del>-</del>	<del></del>	 •		· · · · · · · · · · · · · · · · · · ·
4.		ORPORATE NAME(AND DO		-		 ·		
5:	· (C	ORPORATE MANIEMAND DOG	EUMENT #1		·	 		
6£	10	ORPORATE NAMEIAND DOG	NELHINT 40			 -	•	
	EIAL.	TONS::	GMENT #F					

### COVERLETTER

TO:	New Filing Se Division of Co				
SUBJE	BIG BUC	KET DEVELOPMEN	T, LLC:		
00000		Name o	f Limited Lie	bility Company	· · · · · · · · · · · · · · · · · · ·
The end	clased Anicles o	f.Organization and fre(	s) are submit	ted for filing:	
Please	etum all corresp	ondence concerning th	is matter to th	e following:	
	ROBERTS	ALTSMAN			
	<del></del>		Name	of Person	
•	ROBERTIF	. SALTSMAN, P.A.			
			Firm	Company ;	
	P.O. BOX	2146)			
	· <u> </u>		Ac	ldress	
	WINTER	ARK( FL 32790)			
	JUDY@SAL	TSMANPA.COM	City/State	and Zip Code	
		· · · · · · · · · · · · · · · · · · ·	used for futiu	e annual report zotificat	tion)
For furthe	er information ec	oncerning this matter, p	lease call:		
	ROBERT S.	ALTSMAN	407 ·	647/2 <b>899</b>	
	Nan			. Dayrime Telephor	ne Number
Haclosed	diis a check for t	ha following amount:			
	00 Hiling Fée	□\$130.00 Filing Fe Certificate of Stams	e Cen	155.00 Filing Fee & ified Copy onal copy is enclosed)	OS160.00 Filing Fee. Certificate of Status & Certified Copy. (additional copy is enclosed)
		g Address		Street Address	
	Divisio	illag Section on of Corporations ox 6327		New Filling Section D The Centre of Tallah: 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(111	ust contain the words."Limited Lia	bility Company,	"L.L.C.," or "LEC.")
CTICLE II - Address e mailing address and	:. street address of the principal offic	ce of the Limited	f.Liability Company is:
	Principal Office Address:		Mailing/Address:
	ROVE DRIVE, SUITE 295	475	OTHE GROVE DRIVE, SUITE 290
WINDERME ETICLE III - Register the Limited Liability Conter business entity v	red Agent; Registered Office, & lonpany cannot serve as its own Rewith an active Florida registration.)	Registered Agei	NDERMERE, FL/34786
WINDERME ETICLE III - Register the Limited Liability Conter business entity v	red Agent; Registered Office, & Tompany cannot serve as its own Rewith an active Florida registration.)  a street address of the registered ag	Registered Agei	NDERMERE, FL/34786
WINDERME ETICLE III - Register the Limited Liability Conter business entity v	red Agent; Registered Office, & dompany cannot serve as its own Rewith an active Florida registration.)  a street address of the registered ag	Registered Agei	NDERMERE, FL/34786
WINDERME RTICLE III - Registe the Limited Liability Conter business entity of	red Agent; Registered Office, & dompany cannot serve as its own Rewith an active Florida registration.)  a street address of the registered ag	Registered Agence de la company de la compan	NDERMERE, FL34786  nt?s Signature: You must designate an individual or-
WINDERME RTICLE III - Register the Limited Liability Conter business entity of	red Agent; Registered Office, & formpany cannot serve as its own Rewith an active Florida registration.)  a street address of the registered ag	Registered Agent egistered Agent ere:	NDERMERE, FL/34786  nt?s Signature: You must designate an individual or-
WINDERME TIGLE III - Registe the Limited Liability Conter business entity v	red Agent; Registered Office, & dompany cannot serve as its own Rewith an active Florida registration.)  a street address of the registered ag  WADE SONEY  N  4750 THE GROVE DRI	Registered Agent egistered Agent ere:	NDERMERE, FL/34786  nt?s Signature: You must designate an individual or-

Registered Agent's Signature (REQUIRE)

(CONTINUED):

"AMBR" = A "MGR".= Mi		Name and Address:
"A 1( ik" = 5/6	Authorized Member	
141021011 1411	mager	
MGR		WADE'S ONEY
· · ·		4750 THE GROVE DRIVE! SUITE 290:
		WINDERMERE, FL 347861
	<del></del>	
	<del></del>	
E.V: Effective crive date is l f.filing.)	usted; the date/must be	date of filing:
E.V: Effective date is lof.filling.) the date insernantls offection	e date, if other than the clisted; the date must be ted in this block does not date on the Department	specific and cannot be more than five business days prior to or 90 d others the applicable statutory filing requirements, this date will not be
E.V: Effective date is laffilling.) the date insernantls offection	e date; if other than the c listed; the date must be ted in this block does n	specific and cannot be more than five business days prior to or 90 d others the applicable statutory filing requirements, this date will not be
E.V: Effective date is laftling.) the date inser- norths offection E.VI:(Other pro-	e date, if other than the clisted; the date must be ted in this block does not date on the Department	specific and cannot be more than five business days prior to or 90 d others the applicable statutory filing requirements, this date will not be
E.V: Effective date is laftling.) the date inser- norths offection E.VI:(Other pro-	e date, if other than the clisted, the date must be ted in this block does not date on the Department ovisions, if any.  SIGNATURE:	otherest the applicable statutory filing requirements, this date will not be ent of State's records.
E.V: Effective date is filling.) the date insernantls offection	e date, if other than the clisted! the date must be ted. In this block does not date on the Department ovisions, if any.  SIGNATURE:	ot ment the applicable statutory filing requirements, this date will not be ent of State's records.
E.V: Effective ctive date is in f.filling.) the date inser- nantls offection E.VI:(Other pro-	e date, if other than the clisted! the date must be ted. In this block does not date on the Department ovisions, if any.  SIGNATURE:  Signature of a This document is extended to the country.	otherent the applicable statusory filing requirements, this date will not be ent of State's records.  The member of an authorized representative of a member:  ecuted in accordance with section 605 0208 (1) (b), Florida Statuses;  also information submitted in a discurrent in the Department of States.
E.V: Effective date is filling.) the date insernantls offection	e date, if other than the clisted! the date must be ted. In this block does not date on the Department ovisions, if any.  SIGNATURE:  Signature of a This document is extended to the country.	otherent the applicable statusory filing requirements, this date will not be ent of State's records.  The member of an authorized representative of a member:  ecuted in accordance with section 605 0208 (1) (b), Florida Statuses;  also information submitted in a discurrent in the Department of States.
E.V: Effective date is filling.) the date insernantls offection	e date, if other than the clisted; the date must be ted. In this block does not date on the Department ovisions, if any.  SIGNATURE:  Signature of a This document is extended in this document is extended at third department of the constitutes a third department.	otherest the applicable statusory filing requirements, this date will not be ent of State's records.  Therefore an authorized representative of a member:  ecuted in accordance with section 605 000 (1) (b), Florida Statuses; also information submitted in a document to the Department of State; gree fellow, as provided for in s.817.135; E.S.
E.V: Effective date is filling.) the date insernantls offection	e date, if other than the clisted! the date must be ted. In this block does not date on the Department ovisions, if any.  SIGNATURE:  Signature of a This document is extended to the country.	otherent the applicable statutory filing requirements, this date will not be ent of State's records.  The member of an authorized representative of a member:  ecuted in accordance with section 603 (020); (1) (b), Florida Statutes, a lase information submitted in a document to the Department of State gree follows as provided for in \$.817,155; E.S.
E.V: Effective ctive date is in f.filling.) the date inser- nantls offection E.VI:(Other pro-	e date, if other than the clisted; the date must be ted. In this block does not date on the Department ovisions, if any.  SIGNATURE:  Signature of a This document is extended in this document is extended at third department of the constitutes a third department.	otherest the applicable statusory filing requirements, this date will not be ent of State's records.  Therefore an authorized representative of a member:  ecuted in accordance with section 605 000 (1) (b), Florida Statuses; also information submitted in a document to the Department of State; gree fellow, as provided for in s.817.135; E.S.
E.V: Effective ctive date is in f.filling.) the date inser- nantls offection E.VI:(Other pro-	e date, if other than the clisted; the date must be ted. In this block does not date on the Department ovisions, if any.  SIGNATURE:  Signature of a This document is extended in this document is extended at third department of the constitutes a third department.	otherent the applicable statutory filing requirements, this date will not be ent of State's records.  The member of an authorized representative of a member:  ecuted in accordance with section 603 (020); (1) (b), Florida Statutes, a lase information submitted in a document to the Department of State gree follows as provided for in \$.817,155; E.S.

ARTICLE IV-