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(Requestor's Name)
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(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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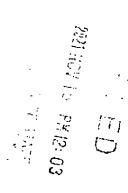
Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BULLISH ON BAMBOO, LLC Art of fine, File LTD Partnership File Foreign Corp, File L.C. File Fichitous Name File Trade/Service Mark Merger File Art, of Amend, File RA Resignation Dissolution / Withdrawa) Annual Report / Reinstatement Cent. Copy Photo Copy Certificate of Status Certificate of Status Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval	 				
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Cert. Copy					Dissolution / Withdrawal
Photo Copy					Annual Report / Reinstatement
Certificate of Good Standing					Cert. Copy
Certificate of Status					Photo Copy
Certificate of Fictitious Name					Certificate of Good Standing
Corp Record Search					Certificate of Status
Officer Search					Certificate of Fictitious Name
Fictitious Search					Corp Record Search
Fictitious Owner Search					Officer Search
Vehicle Search					Fictitious Search
Vehicle Search Driving Record Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval UC	Signature				Fictitious Owner Search
Name Date Time UCC 1 or 3 File	· ·				Vehicle Search
Name Date Time UCC 11 Search			·		Driving Record
Walk-In Will Pick Up Courier	Requested by:				UCC 1 or 3 File
Walk-In Will Pick Up Courier	Name	Date			UCC 11 Search
	rutto	Date 1	HILL		UCC 11 Retrieval
		•			Courier

COVER LETTER

	Filing Sec				
	Bullish on	Bamboo, LLC			
SUBJECT:		Name of Lin	nited Liabi	lity Company	 -
The enclosed	Articles of	Organization and fee(s) are	e submitte	d for filing.	
		ondence concerning this ma		_	
	i lark G. Tur	-		v	
		——————————————————————————————————————			
			Name o	f Person	
S	traughn &	Turner, P.A.			
_			Firm/C	ompany	
2.	55 Magnoli	a Avc., SW			
	,		Add	ress	
W	/inter Have	n, FL 33880			
_		C	ity/State a	nd Zip Code	·
sch	eckhome@	aol.com			
	É	E-mail address; (to be used	for future	annual report notificati	on)
For further info	rmation co	ncerning this matter, please	call;		
М		Bonnie HollyBrown 86	3	293-1184	
				Daytime Telephone	e Number
Enclosed is a	check for the	ne following amount:			
□\$125.00 Fi		□\$130.00 Filing Fee & Certificate of Status	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Division P.O. B	E Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bullish on Ban	ibno, LLC		
(Mus	t contain the words "Limited L	iability Company, "	L.L.C.," or "LLC.")
RTICLE II - Address: ne mailing address and st	reet address of the principal of	fice of the Limited (iability Company is:
Pı	incipal Office Address:		Mailing Address:
50 Lakewood (Causeway	50 I.a	kewood Causeway
Winter Haven,	Florida 33884	Winte	r Haven, Florida 33884
he Limited Liability Cor other business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own I th an active Florida registration street address of the registered Mark G. Tumes	Registored Agent, You,) agent are:	's Signature: ou must designate an individual or
he Limited Liability Cor other business entity wi	mpany cannot serve as its own it than active Florida registration street address of the registered Mark G. Tumer 255 Magnolia Avenue	Registored Agent, You,) agent are: Name	ou must designate an individual or
he Limited Liability Cor other business entity wi	mpany cannot serve as its own it than active Florida registration street address of the registered Mark G. Tumer 255 Magnolia Avenue Florida street address	Registored Agent, You, agent are: Name SW (P.O. Box NOT acc	ou must designate an individual or
he Limited Liability Cor other business entity wi	mpany cannot serve as its own it than active Florida registration street address of the registered Mark G. Tumer 255 Magnolia Avenue Florida street address	Registored Agent, You, agent are: Name SW (P.O. Box NOT acc	ou must designate an individual or
be Limited Liability Corporate business entity with the name and the Florida:	mpany cannot serve as its own I th an active Florida registration street address of the registered Mark G. Tumer 255 Magnolia Avenue Florida street address Winter Haven City	Registered Agent, You, agent are: Name SW (P.O. Box NOT acc Florida State	ou must designate an individual or

(CONTINUED)



ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR John W. Scheck, Jr. (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 SIGN ATURE: igrature of a member of an authorized representative of a member. his document is executed in accordance with section 605.0203 (1) (b), Florida Statutes an aware that any false information submitted in a document to the Department of System

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

John W. Scheck. Jr.

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)