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COVER LETTER

	ew Filing S ivision of C	Section Corporations					
		Во	onn a	nd Ani	n LLC		
SUBJECT	:	Nai	ne of Lir	nited Liabi	lity Company		-
The enclos	ed Articles	of Organization and	fec(s) ar	e submitted	l tor filing.		
Please retu	rn all corres	spondence concernir	ng this ma	atter to the	following:		
		S	Sally	Beth H	loff, Trustee		
Κe	еер Мо	_		_	rust Dated M nents thereto		2022 and
6648 Delhi Drive							
				Addi	ress		
			Milto	n, Floi	rida 32583		
				-	nd Zip Code		
_	· -				Dicloud.com	ion)	
For further in	dormation of	concerning this matt				,	
		_			776.0	907	
-		Beth Hoff	at (850 rea Code			-
	;\a	ine of Person	Λ	ica Code	Daytime Telephon	ic (vanioe)	
Enclosed is	a check for	the following amou	mt:				
[7]\$125.00 Filing Fee ☐\$130.00 Filing Certificate of Sta			& □\$155,00 Filing Fee & □\$160,00 Filing Fee		of Status & Zopy		
	New Divis P.O.	ing Address Filing Section tion of Corporations Box 6327 hassee, FL 32314			Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Bonn and Ann	LLC
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:

6648 Delhi Drive Milton, FL 32583 6648 Delhi Drive Milton, FL 32583

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:

Sally Beth Hoff						
Name						
6648 Delhi Drive						
Florida street address (P.O. Box NOT acceptable)						
Milton	FL	32583				
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: Name and Address: Title: Sally Beth Hoff. Trustee of Keep Moving "AMBR" = Authorized Member "MGR" = Manager Forward Living Trust dated March 21. MGR 2022 and any amendments thereto (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.

Sally Beth Hoff, Trustee of Keep Moving Forward Living Trust dated March 21, 2022 and any amendments thereto

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)