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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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

To whom it may concern,

The purpose of this correspondence is to file for registration for Beds, Bass, and Bows LLC as a limited liability company. Enclosed you will find the articles of organization and a check for the associated fees.

Best regards.

A handwritten signature in black ink that reads "Kristina Receveur". The signature is written in a cursive, flowing style.

Beds, Bass, and Bows LLC
Kristina Receveur
13280 HWY 441 SE
Okeechobee, Florida 34974
Phone: (518)-755-9119

COVER LETTER

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

SUBJECT: Beds, Bass, and Bows 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:

Kristina Receveur

Name of Person

Beds, Bass, and Bows LLC

Firm/Company

13280 HWY 441 SE

Address

Okeechobee, Florida 34974

City/State and Zip Code

TerryReceveur@gmail.com

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

For further information concerning this matter, please call:

Kristina Receveur 518 755-9119

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Beds, Bass, and Bows 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:

13280 HWY 441 SE

Okeechobee, Florida 34974

Mailing Address:

13280 HWY 441 SE

Okeechobee, Florida 34974

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:

Kristina Receveur

Name

13280 HWY 441 SE

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

Okeechobee

Florida

34974

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.,

Kristina Receveur

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22
A. A. B.

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Kristina Receveur
13280 HWY 441 SE
Okeechobee, Florida 34974

AMBR

Terrance J. Receveur
13280 HWY 441 SE
Okeechobee, Florida 34974

(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 SIGNATURE:

Kristina Receveur

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.

Kristina Receveur

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)