

Florida Department of State

Division of Corporations

Business Filings and Cover Sheet

Please print this page and attach it to the cover sheet (shown below) on the top and bottom of all pages of the document.

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H220001838593ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 25 AM 3:19

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BULL CREEK INVESTMENT PROPERTIES, LLC**

***CORRECTED, PLEASE
GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
5/24/22

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

***CORRECTED, PLEASE
GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
5/24/22

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May 24, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: BULL CREEK INVESTMENT PROPERTIES, LLC
REF: W22000068666

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H22000183859
Regulatory Specialist II Supervisor Letter Number: 622A00011838
New Filing Section

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Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Tuesday, May 24, 2022 1:53 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20220524_125232_00005D53-0000.pdf

Create Time: 05/24/2022 12:34:28 PM
 Schedule Time: 05/24/2022 12:52:32 PM
 State: sent
 Schedule Message: Successfully sent fax
 Hangup code: 0
 Try #: 2
 Username: admin
 Sender name: Leslie Sellers
 Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org:
 Capitol Services, Inc.
 Subject: H22000183859
 Max tries: 5
 Try interval: 600
 Priority: 3
 Pages: 5
 Recipient fax: 850-617-6381
 Recipient phone:
 Recipient name:
 Recipient org: FL SOS
 Use cover page: true
 Receipt: always
 Print receipt: never
 Print receipt printer:
 Print receipt first page: false
 Fax Page Size: auto

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bull Creek Investment Properties, 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:

Jeanie Ferguson, Paralegal

Name of Person

Kutak Rock LLP

Firm/Company

1650 Farnam St.

Address

Omaha, NE 68102

City/State and Zip Code

jeanie.ferguson@kutakrock.com

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

For further information concerning this matter, please call:

Jeanie Ferguson

402

346-6000 Ext. 13010

at ()

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bull Creek Investment Properties, 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:3400 Grissom Parkway
Cocoa, FL 32926-4543**Mailing Address:**3400 Grissom Parkway
Cocoa, FL 32926-4543**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:

Bobby V. Fleckinger

Name

3400 Grissom ParkwayFlorida street address (P.O. Box NOT acceptable)Cocoa

City

FL

State

32926-4543

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)

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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

Bobby V. Fleckinger
3400 Grissom Parkway
Cocoa, FL 32926-4543

(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:



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.

Bobby V. Fleckinger

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)

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