

L 22000293595

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000225413 3)))



H220002254133ABCV

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 : PETERSON & MYERS PA  
Account Number : I20080000078  
Phone : (863)683-6511  
Fax Number : (863)688-8099

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

Email Address: \_\_\_\_\_

RECEIVED  
DIVISION OF STATE  
AND BUSINESS SERVICES  
FLORIDA

2022 JUN 30 AM 8:54

FILED

FLORIDA LIMITED LIABILITY CO.  
BSD-AUBURN II, LLC

RECEIVED  
DIVISION OF STATE  
AND BUSINESS SERVICES  
2022 JUN 30 PM 2:43

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**COVER LETTER**

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

**SUBJECT:** BSD-AUBURN II, 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:

Craig B. Hill, Esq.  
 \_\_\_\_\_  
 Name of Person

Peterson & Myers, P.A.  
 \_\_\_\_\_  
 Firm/Company

225 E. Lemon St., Suite 300  
 \_\_\_\_\_  
 Address

Lakeland, FL 33801  
 \_\_\_\_\_  
 City/State and Zip Code

chill@petersonmyers.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

FILED  
TALLAHASSEE, FL 32309  
JUN 30 2022

2022 JUN 30 AM 8:55

FILED

For further information concerning this matter, please call:

Craig B. Hill                      863                      683-6511  
 \_\_\_\_\_ 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

H22000225413 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BSD-AUBURN II, 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:

Mailing Address:

2830 DRANE FIELD RD.  
LAKELAND, FL 33811

2830 DRANE FIELD RD.  
LAKELAND, FL 33811

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:

CRAIG B. HILL

Name

225 E. LEMON ST., SUITE 300

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

LAKELAND

FL

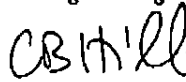
33801

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)

FILED  
2022 JUN 30 AM 8:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

HOWARD D. BAYLESS  
2830 DRANE FIELD RD.  
LAKELAND, FL 33811

MGR

AUSTIN T. JONES  
2830 DRANE FIELD RD.  
LAKELAND, FL 33811

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

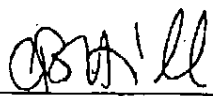
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

CRAIG B. HILL, AUTHORIZED REPRESENTATIVE  
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)

FILED  
2022 JUN 30 AM 8:58  
TALLAHASSEE, FLORIDA