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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

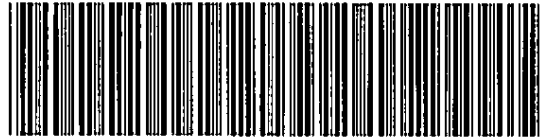
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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JUL 22 2022



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2022 JUL 13 AM 9:50  
CABLE AND/OR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TUCKER ARENSBERG**  
Attorneys

Steven R. Bovan (412) 594-5607  
[sbovan@tuckerlaw.com](mailto:sbovan@tuckerlaw.com)

July 12, 2022

**VIA FEDEX**

Florida Department of State  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Bushee Enterprises, LLC

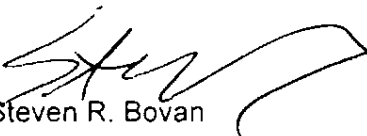
Dear Sir or Madam:

Enclosed for filing is the Articles of Organization for Florida Limited Liability Company, together with a check in the amount of \$130 for the filing fee and Certificate of Status. Please provide proof of filing.

If you have any questions, please call.

Very truly yours,

TUCKER ARENSBERG, P.C.

  
Steven R. Bovan

SRB:jhp  
Enclosures

TADMS:6124988-1 031366-194381

**COVER LETTER**

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

**SUBJECT:** Bushee Enterprises, 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:

Steven R. Bovan, Esquire

\_\_\_\_\_  
Name of Person

Tucker Arensberg, P.C.

\_\_\_\_\_  
Firm/Company

1500 One PPG Place

\_\_\_\_\_  
Address

Pittsburgh, PA 15222

\_\_\_\_\_  
City/State and Zip Code

sbovan@tuckerlaw.com

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

For further information concerning this matter, please call:

Steven R. Bovan	412	594-5607
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

Bushee Enterprises, 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:

19361 Aqua Shore Drive  
Fort Meyers, FL 33913

Mailing Address:

19361 Aqua Shore Drive  
Fort Meyers, FL 33913

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:

Jill Bushee

Name

19361 Aqua Shore Drive

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

Fort Meyers

FL

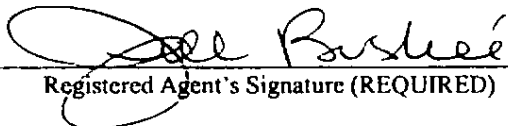
33913

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..*

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATION  
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:**

AMBR

Richard Bushee

19361 Aqua Shore Drive

Fort Mevers, FL 33913

AMBR

Jill Bushee

19361 Aqua Shore Drive

Fort Mevers, FL 33913

(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.

Jill Bushee

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)