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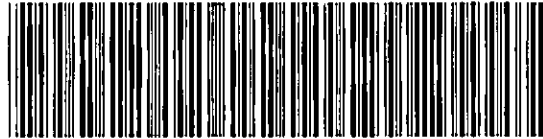
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 21 PM 3:56

2022 SEP 21 PM 1:22

COVER LETTER

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

SUBJECT: BSN OCALA VENTURES, 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:

STACY SMALL

Name of Person

SMITH THOMPSON SHAW

Firm/Company

3520 THOMASVILLE ROAD - 4TH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

bruceseaman@zoho.com

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

For further information concerning this matter, please call:

STACY SMALL at (850) 893-4105
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input 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 OF BNS OCALA VENTURES, LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **BNS OCALA VENTURES, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is 2 Pecan Drive Loop, Ocala, Florida 34472. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is 2 Pecan Drive Loop, Ocala, Florida 34472. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT AND OFFICE.**

The initial registered agent in Florida for the Company is: **BRUCE SEAMAN** located at 2 Pecan Drive Loop, Ocala, Florida 34472.

7. **MANAGEMENT.**

The Company is member managed. The names and addresses of the members of the Limited Liability Company are:

Bruce Seaman
2 Pecan Drive Loop
Ocala, Florida 34472

Nancy Seaman
2 Pecan Drive Loop
Ocala, Florida 34472

DATED this 30th day of August, 2022.



BRUCE SEAMAN



NANCY SEAMAN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 21 PM 3:56

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **BNS OCALA VENTURES, LLC.**
2. The name of the registered agent and office is: **BRUE SEAMAN**; at 2 Pecan Drive Loop, Ocala, Florida 34472.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



BRUCE SEAMAN, Registered Agent