

(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:
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01/17/23--01023--009 **125.00



Division of Corporations New Filing Section

The Bristle Whistle

SOBTECLE

:OT

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Tallahassee, FL 32314

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P.O. Box 6327

New Filing Section

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Tallahassee, FL 32303

The Centre of Tallahassee

New Filing Section Division

2415 M. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Bristle Whistle, 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:

Princi	pal	Office	Address:

Mailing Address:

2312 Orion Lake Drive

2312 Orion Lake Drive

FĻ Navarre

Fl, 32566 Navarre

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:

Registered Agents Inc

Name

7901 4th St N

STE 300

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

St. Petersburg

FL

33702

State

Zio

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..

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Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

Title:	Name and Addr	PSS:	
"AMBR" = Authorized Member "MGR" = Manager			
MGR	Chelsea	Perry	
	2312 Orion Lake Drive		
	Navarre	FL 32566	
(Use attachment if necessary)			
•			
ARTICLE V: Effective date, if other than the da	te of filing: 1/10/2023	(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 a	ıfter
the date of filing.) Note: If the date inserted in this block does no	t maat tha annlianhla statutom	Gline requirements this data will not be live	rad on
the document's effective date on the Departmen		thing requirements, this date will not be fish	.ea as
•	in or state s records.		
ARTICLE VI: Other provisions, if any.			
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REQUIRED SIGNATURE;			
()	Md JD	^	
Specture of a	nember or an authorized re	presentative of a member	
This document is exec	cuted in accordance with secti	on 605.0203.447 (b), Florida Statutes.	
I am aware that any fa	lse information submitted in a	document to the Department of State	
_	ree felony as provided for in s	.817.155, F.S.	
Chelsea -	J. Perry		
	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)