

L23000089826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

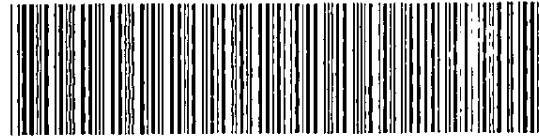
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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effective date 2-23-23

2023 FEB 28 AM 9:01

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02/27/23--01009--000 **125.00

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2023 FEB 27 AM 11:29
DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

A. RAMSEY

FEB 28 2023

COVER LETTER

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

SUBJECT: Bradfordville Blues Group
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:

Dan MacDonald

Name of Person

Firm/Company

108 Waukeenah Cemetery Rd

Address

Monticello FL 32344

City/State and Zip Code

dmacdon141@aol.com

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

For further information concerning this matter, please call:

Dan MacDonald 850 242-1211
at ()
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 FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 FEB 28 AM 9:01

Bradfordville Blues Group 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:

108 Waukeenah Cemetery Rd.
Monticello, FL 32344

108 Waukeenah Cemetery Rd.
Monticello, FL 32344

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:

Dan MacDonald

Name

108 Waukeenah Cemetery Rd

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

Monticello

FL

32344

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.,

/s/ Dan MacDonald

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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Dan . MacDonald
108 Waukeenah Cemetery Rd
Monticello FL 32344

MGR

Stu Pollins
3640 Old Bainbridge Road
Tallahassee FL 32303

MGR

Dianne Robinson
6118 Observation Circle
Tallahassee FL 32317

MGR

Gregory Leslie
Post Office Box 13405
Tallahassee FL 32317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/23/2023. (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 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.

Managers must agree by majority vote to add any new member to the organization. A manager may be removed by the unanimous vote of the remaining managers.

No members will take any distribution or profit from the organization without prior approval of a majority of managers.

All money received by the organization will be spent on the Bradfordville Blues Club.

REQUIRED SIGNATURE:

/S/ Dan MacDonald

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.

Dan MacDonald

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)

Attachment

Title:

MGR

Name and Address:

Tammy Makowiecki
6712 Tim Tam Trail
Tallahassee FL 32309