

L23000156544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

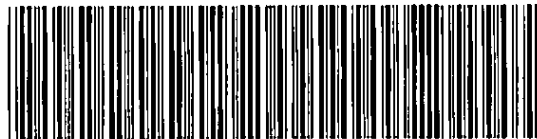
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2023 MAR 15 AM 7:44
FILING OFFICE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HUMBLEBUNNY VENTURES, L.L.C.
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:

THOMAS W. ZIMMERER
Name of Person

HUMBLEBUNNY VENTURES
Firm/Company

34234 KENTUCKY DERBY PL.
Address

DADE CITY, FL. 33525
City/State and Zip Code

LINDA@2ZIMS.COM

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

For further information concerning this matter, please call:

TOM ZIMMERER at (352) 437-4768
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HUMBLEBUNNY VENTURES, L.L.C.

(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:

34234 KENTUCKY DERBY PL.
DADE CITY, FL. 33525

- SAME -

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:

JENNIFER M. JOLLY

Name

34234 KENTUCKY DERBY PL.

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

DADE CITY, FL. 33525

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.

Jennifer M. Jolly

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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J. J. JOLLY

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

Name and Address:

THOMAS W. ZIMMERER
34234 KENTUCKY DERBY PL
DADE CITY, FL 33525

JENNIFER M. JOLLY
34234 KENTUCKY DERBY PL
DADE CITY, FL 33525

LOCKMAN M. JOLLY - ROBERTS
34234 KENTUCKY DERBY PL
DADE CITY, FL 33525

(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:

Thomas W. Zimmerer

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.

THOMAS W. ZIMMERER

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)

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