L23000215190

(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:





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COVER LETTER

: , :

TO: New Filing Section Division of Corporations
SUBJECT: Shop BOB6 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:
Zakyle Mikel Bush
Name of Person
Firm/Company
850 S Gaulsole St Address
Tallahas ac Tallahas ac City/State and Zip Code
range for yahar (o'n
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person Area Code Daytime Telephone Number
·
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$150.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$160.00 Filing Fee, Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:
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The name of the Limited Liability Company is:

(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: Sult 518

4550 S. Gardischer St. Sult 518

Solve S. J. L. 1878

Tallakara, Fl. 3230 | Hallakara, Fl. 32301

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:

Pendship Name

850 S Good, lea Street

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

Tallage F 3230 /

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manag (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, third degree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)