

L23000308424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

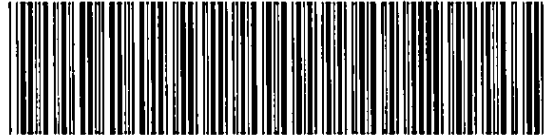
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bad To The Bone Transpo LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



Signature

Requested by: SETH

Name

Date

Time

Walk-In

Will Pick Up

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
BAD TO THE BONE TRANSP0 LLC**

**ARTICLE I**

**NAME**

The name of the limited liability company shall be:

BAD TO THE BONE TRANSP0 LLC

**ARTICLE II**

**EXISTENCE AND DURATION**

The existence of the limited liability company shall be perpetual unless sooner dissolved in accordance with the laws of the State of Florida.

**ARTICLE III**

**PURPOSE**

This limited liability company may engage in any activity or business permitted under the laws of the United States and of the State of Florida, and shall have all powers necessary or convenient to effect any or all of the purposes for which the company is organized.

**ARTICLE IV**

**PRINCIPAL PLACE OF BUSINESS**

The initial mailing and street address of the principal office of this limited liability company is:

4401 Collins Avenue, Unit 2-2414  
Miami Beach, FL 33140

## **ARTICLE V**

### **INITIAL REGISTERED AGENT**

The initial registered agent and street address of the initial registered agent of the limited liability company shall be:

Neal S. Litman, P.A.  
7901 Ludlam Road, Suite 201  
Miami, FL 33143

## **ARTICLE VI**

### **MANAGEMENT**

The limited liability company is to be managed by one Manager or more Managers ("Manager") and is, therefore, a Manager-Managed company. The Manager of the company shall be William Campbell. The Manager is authorized to do all things permitted by the laws of the State of Florida, including but not limited to, purchasing real property.

## **ARTICLE VII**

### **RESTRICTIONS ON MEMBERSHIP AND RIGHT TO CONTINUE AFTER WITHDRAWAL OF MEMBER**

Members shall have the right to admit new Members by unanimous consent. Contributions required of new Members shall be determined as of the time of admission to the limited liability company. A Member's interest in the limited liability company may not be sold or otherwise transferred except with unanimous written consent of all Members. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member, or the occurrence of any other event that terminates the continued membership of a Member in the limited liability company, the remaining Members shall have the right to continue the business upon unanimous consent of such remaining Members.

**ARTICLE VIII**

**CONTRACTING DEBTS**

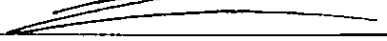
The Manager shall be authorized to incur any liability on behalf of the limited liability company.

**ARTICLE IX**

**INDEMNIFICATION**

This company shall indemnify its Manager to the full extent permitted by the laws of the State of Florida.

In accordance with Section 605.0203(1)(b), F.S., the undersigned, authorized representative by execution of this affidavit affirms under the penalties of perjury that the facts stated herein are true. Executed by the authorized representative at Miami, Florida, this 28<sup>th</sup> day of June 2023.

By:   
Neal S. Litman  
Authorized Representative

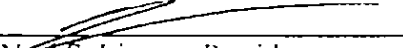
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CLERK OF COURT

**CERTIFICATE OF ACCEPTANCE OF**  
**REGISTERED AGENT/REGISTERED OFFICE**

Having been named as registered BAD TO THE BONE TRANSPO LLC, to accept service of process for such limited liability company at the place designated in this certificate, the undersigned accepts such appointment and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of its position as registered agent.

Dated this 28<sup>th</sup> day of June 2023.

Neal S. Litman, P.A.

By:   
Neal S. Litman, President

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FILED