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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
> Division of Corporations
> Fax Number   : (850)617-6381

From:
> Account Name   : ADVOCATE CONSULTING LEGAL GROUP, PLLC
> Account Number : I20090000001
> Phone   : (239)213-0066
> Fax Number   : (239)213-0698

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____erinm@advocatetax.com_____

FLORIDA LIMITED LIABILITY CO.
BulletProof Asset Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

BulletProof Asset Holdings LLC
SUBJECT: _____
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:

Erin Meyer
_____
Name of Person

Advocate Consulting Legal Group, PLLC
_____
Firm/Company

3555 Kraft Road, STE 240
_____
Address

Naples, FL 34105
_____
City/State and Zip Code

erinm@advocatetax.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Meyer   239   213-0066
_____ at (_____) _____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

■ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                    Certificate of Status   Certified Copy   Certificate of Status &
                                         (additional copy is enclosed)   Certified Copy
                                                                (additional copy is enclosed)

Mailing Address   **Street Address**
New Filing Section   New Filing Section Division
Division of Corporations   The Centre of Tallahassee
P.O. Box 6327   2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314   Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BulletProof Asset Holdings 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:**
3145 Lakewood Ranch Blvd., STE 106	3145 Lakewood Ranch Blvd., STE 106
Bradenton, FL 34211	Bradenton, FL 34211

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:

Phillip J. Lambert
_____
Name

3145 Lakewood Ranch Blvd., STE 106
_____
Florida street address (P.O. Box **NOT** acceptable)

Bradenton   FL   34211
_____
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.

DocuSigned by

Philip Lambert
_____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

AMBR

BULLETPROOF MARKETING LLC
3145 Lakewood Ranch Blvd., STE 106
Bradenton, FL 34211

(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:

Philip Lambert
— DocuSigned by

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.

Phillip J. Lambert
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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