L23000527178

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
ertified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 11/29/23 Order #: 1323866-1 Re: B&BABS, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

Joseph Blenan

12000000195

AUTH:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

• • • •

	ew Filing Section ivision of Corpor	ations					
SUBJECT	B&BABS, LLC						
SUBJECT	Name of Limited Liability Company						
The enclos	ed Articles of Org	nnization and fcc(s)	are submitted	for filing.			
Please retu	m all corresponde	nce concerning this i	natter to the fo	ollowing:			
	Alyssa Argitis						
			Name of	Person			
	Brown & Brown	, Inc					
	Firm/Company						
	300 N Beach Str	eet					
	Address						
	Daytona Beach,	FL, 32114					
			City/State and	d Zip Code			
-	alyssa.argitis@bb						
	E-ina	il address: (to be use	ed for future a	nnual report notificati	on)		
For further in	nformation concer	ning this matter, plea	ise call:				
	Alyssa Argitis		386	267-5124			
	Name of	······································	Area Code	Daytime Telephone	e Number		
Enclosed is	s a check for the fo	llowing amount:					
□ \$125.00		\$130.00 Filing Fee ertificate of Status	Certific	5.00 Filing Fee & ed Copy at copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing A	<u>idress</u>		Street Address			
	New Filing Section			New Filing Section Division The Centre of Tallahassee			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			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 Lia	bility Company is:				
B&BABS, LLC					
(Must o	conatin the words "Limited	Liability Con	npany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
,	et address of the principal	office of the L	imited Liability Company is:		
Prin	Principal Office Address:			Mailing Address:	
300 N Beach Street Daytona Beach, FL, 32114			300 N Beach Street Daytona Beach, FL, 321		
		,			
		<u> </u>			
ARTICLE III - Registered (The Limited Liability Comp another business entity with	any cannot serve as its ow	n Registered A	d Agent's Signature: Agent. You must designate an in	idividual or	
The name and the Florida str	eet address of the registere	d agent are:			
	Corporation Service	Company			
		Name			
	1201 Hays Street				
	Florida street addre	ss (P.O. Box	NOT acceptable)		
	Tallahassee	FL	32301		
	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..

Corporation Service Company

By

WHAN

WHA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	David B Lotz 300 N Beach Street Daytona Beach, FL, 32114
AMBR	R. Andrew Watts 300 N Beach Street Daytona Beach, FL, 32114
<u>MGR</u>	Brown & Brown of Kentucky, Inc. 701 Adair Veteran's Memorial Highway, Columbia, KY, 42728
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
(If an effective date is listed, the date must the date of filing.)	not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	JOBR
This document is of a may are that any	Fa member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
David B Lo	NY.
	Typed or printed name of signee
C125 00 Piling Per four Audiches	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)