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| (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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| | Filing Section sion of Corporations | | | |
|---------------------|--|----------------------------|---|---|
| SUBJECT: | A /4AA | | son 13 oil Bond ted Liability Company | is LLC |
| The enclosed | Articles of Organization | n and fee(s) are: | submitted for filing. | |
| Please return | all correspondence conc | eerning this matt | ter to the following: | |
| _ | John | 30 | Ohn Son III Name of Person | |
| _ | | | | |
| | | | Firm/Company | |
| - | 3044 Cra | w ford vi | Mc Dury Cran | wheelalle fl 32327 |
| _ | Crave Built | ille FL | 33327 y/State and Zip Code | |
| | The same of the sa | Baillo | onds 900 gmal. | (611) |
| | E-mail addre | ss: (to be used for | or future annual report notifica | tion) |
| For further infe | ormation concerning this | matter, please o | call: | |
| | Takn Jahnag Name of Person | | SO Daytime Telepho | ne Number |
| Enclosed is a | check for the following | amount: | | |
| 世\$ 125.00 F | |) Filing Fee & e 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 | | Street Address | |

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:

The name of the Limited Liability Company is:

A--AAA Johnson Ball Bonds 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: |
|---------------------------|----------------------|
| 32327 Cranfordule FL | 3049 Crawdordalle Pl |

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:

| Solving | October |
| Name |
| Solving |
| Name |
| Florida street address (P.O. Box NOT acceptable) |
| Clarifordy | Ic | Clarifordy | Ic |
| Solving | Solving |
| Solvi

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| A | R | TI | C1 | F | IV. |
|---|---|----|----|---|-----|
| | | | | | |

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

| Title: "AMBR" = Authorized Member | Name and Address: | | | |
|--|--|--|--|--|
| "MGR" = Manager | | | | |
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| (Use attachment if necessary) | | | | |
| | e of filing: (OPTIONAL) | | | |
| (If an effective date is listed, the date must be sp the date of filing.) | ecific and cannot be more than five business days prior to or 90 days after | | | |
| | meet the applicable statutory filing requirements, this date will not be listed a of State's records. | | | |
| ARTICLE VI: Other provisions, if any. | | | | |
| ARTICLE VI. Onici piovisions, ii any. | | | | |
| | | | | |
| DEQUIDED CICNATURE | | | | |
| REQUIRED SIGNATURE: | TI . TIT | | | |
| <u> </u> | in Johnson III | | | |
| This document is execu | ember or an authorized representative of a member, ited in accordance with section 605.0203 (1) (b), Florida Statutes. | | | |
| | te information submitted in a document to the Department of State te felony as provided for in \$.817.155, F.S. | | | |
| | | | | |
| | / Typed or printed name of signee | | | |
| <i>'</i> | Ditto - Danie | | | |

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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