## LZ3000550301

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





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## **COVER LETTER**

TO:	New Filing Sec Division of Cor								
	Make Flori	da Sane Again, I	.I.C						
SUBJE	CT:	Na	me of Limi	ted Liabi	lity Company	<del></del>			
The enc	losed Articles of	Organization and	l fee(s) are	submitte	d for filing.				
Please r	eturn all correspo	ndence concerni	ng this mat	ter to the	following:				
	BRIAN MCI	LELLAN							
	<del></del>	• • • • • • • • • • • • • • • • • • • •		Name o	f Person	*****			
	Bandwagon :	Entertainment, L	I.C						
	Firm/Company								
	2508 DUNN	STREET							
		<u>.</u>		Add	ress				
	PENSACOL	A, FL 32526							
				y/State a	nd Zip Code	A			
		I@ICLOUD.CO E-mail address: (1		or future	annual report notificat	ion)			
For furthe	er information co	·			·				
	BRIAN McI.	ELLAN	850 at (	)	525-5 <del>69</del> 4	2023 DEC   PM	<b></b>		
	Nam	e of Person		ea Code	Daytime Telephor	ne Number	, 1		
Enclose	ed is a check for the	ne following amo	unt:			ררו	i e		
□\$125	.00 Filing Fee	■\$130.00 Fili Certificate of S		Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	•		
	New Fi Divisio	g Address iling Section on of Corporation ox 6327	ıs		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee			

Tallahassee, FL 32314

Tallahassee, FL 32303

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:				
	SANE AGAIN, LLC.				
(Must con	tain the words "Limited	Liability Con	mpany, "L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal c	office of the L	Limited Liability Company is:		
Principal Office Address:			Mailing Address:		
2508 DUNN STREE	Eľ		2508 DUNN STREET		
PENSACOLA, FL 3			PENSACOLA, FL 32526		
The Limited Liability Company another business entity with an The name and the Florida street	active Florida registrational address of the registered BRIAN McLELLAN 2508 DUNN STREE Florida street address	on.) d agent are:  Name  T s (P.O. Box	·		
	PENSACOLA City	FL State	32526 Zip		
place designated in this certificate further agree to comply with the p	agent and to accept serve, I hereby accept the app rovisions of all statutes ribligations of my position	ice of process ointment as re elating to the as registered	es for the above stated limited liability company at the registered agent and agree to act in this capacity. It is proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S		

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	BRIAN McLELLAN	
	2508 DUNN STREET	
	PENSACOLA, FL 32526	
<del></del>		
(Use attachment if necessary)		
•		
ARTICLE V: Effective date, if other than t	the date of filing:	
	st be specific and cannot be more than five business days prior to or 90 days after	r
the date of filing.)		
	es not meet the applicable statutory filing requirements, this date will not be listed	as
the document's effective date on the Depa		
•		
ARTICLE VI: Other provisions, if any.	(* <b>2</b>	
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REQUIRED SIGNATURE:		<u>u</u>
REODINED SIGNATURE.		
		_
<u> </u>	of a member or an authorized representative of a member.	W
	s executed in accordance with section 605.0203 (1) (b), Florida Statucs.	
	any false information submitted in a document to the Department of State	
constitutes a third	d degree felony as provided for in s.817.155, F.S.	
Brian Mc	Lellan	
DIMIT IVIC	Typed or printed name of signee	
	Typed of princed name of signed	

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)