Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LYONS & LYONS, P.A. Account Number : I20030000061 : (239)948-1823 Fax Number : (239)948-1826 = **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ●●▽ Email Address: angler239@yahoo.com

FLORIDA LIMITED LIABILITY CO. THE BULL & THE LION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION OF THE BULL & THE LION, LLC

ARTICLE I - NAME

The name of the limited liability company is The Bull & the Lion, LLC, (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Companyis:

Principal Office Address: 8794 Commerce Drive Bonita Springs, Florida 34135 Mailing Address: 8794 Commerce Drive Bonita Springs, Florida 34135

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Thomas Ray Pastors 8794 Commerce Drive Bonita Springs, Florida 34135

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.

Thomas Ray Pastors

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Thomas Ray Pastors 8794 Commerce Drive

Bonita Springs, Florida 34135

REQUIRED SIGNATURE:

1000

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.

Thomas Ray Pastors

Typed or printed name of signee

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