

L24000209764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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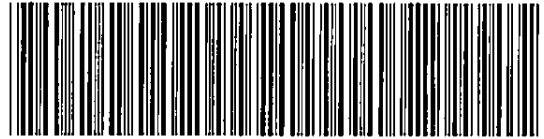
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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MS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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LLC

1. BF MISTY, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BF MISTY, LLC
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:

Austin T. Dailey, Esq.

Name of Person

Klein & Klein, LLC

Firm/Company

40 SE 11th Ave

Address

Ocala, FL 34471

City/State and Zip Code

jeff@spinesavers.com

E-mail address

(to be used for future annual report notification)

For further information concerning this matter, please call:

Austin T. Dailey, Esq. at (352)732-7750

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate 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

New Filing Section
Division of
Corporations P.O.
Box 6327

Street Address

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:

BF MISTY, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

930 MISTY CT,
THE VILLAGES, FL 32162

Mailing Address:

15451 BREEZY PT RD SE,
PRIOR LAKE, MN 55372

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:

DICK BROMSTAD

Name

973 LIVINGSTON LOOP

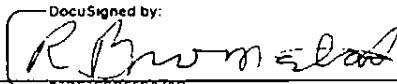
Florida street address (P.O. Box **NOT** acceptable)

THE VILLAGES, FL 32162

City/State and Zip Code

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, Florida Statutes.

DocuSigned by:



36DF3FBB550849D
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: Name and Address:

“MGR” = Manager
“AMBR” = Authorized Member

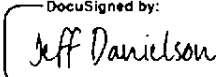
MGR	JEFF DANIELSON 15451 BREEZY PT RD SE, PRIOR LAKE, MN 55372
MGR	DYONNE DANIELSON 15451 BREEZY PT RD SE, PRIOR LAKE, MN 55372

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:

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 in s.817.155, F.S.

JEFF DANIELSON
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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TALLAHASSEE, FLORIDA