

L24000216336

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

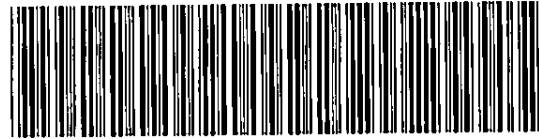
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**155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE:
(800) 435-9371; FAX: (866) 860-8395**

DATE: 05/15/2024

NAME: BREEZYDUN LLC

TYPE OF FILING: ARTICLES

COST: 125.00

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AUTHORIZATION: ABBIE/PAUL HODGE



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Breezydun 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:

Walter Breese

Name of Person

Breezydun LLC

Firm/Company

15511 Springline Ln.

Address

Ft Myers, FL 33905

City/State and Zip Code

Waltchristie@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle A. Delgado, Esq.

516

300-3055

at (

Name of Person

Area Code

Daytime Telephone Number

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
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Breezydun 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:

15511 Springline Ln.

Ft Myers, FL 33905

Mailing Address:

15511 Springline Ln.

Ft Myers, FL 33905

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:

Walter Breese

Name

15511 Springline Ln.

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

Ft Myers, FL 33905

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.,

DocuSigned by:

Walter Breese

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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