Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : MIZELL & MAYS LAW FIRM, P.A.

Account Number : 120060000056 Phone : (941)575-9291 Fax Number : (941)575-9296

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address: fantr@hotmail.com

FLORIDA LIMITED LIABILITY CO.
BSFANT, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: New Filing Section Division of Corporations			
BSFANT FL, LLC			
SUBJECT: Name of	f Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning thi	·		
Robert M. Fant			
ATT	Name of Person	* · · · · · · · · · · · · · · · · · · ·	
BSFANT FL, LLC			
	Firm/Company		
(235 Canvasback Ct.			
	Address		
Punta Gorda, FL 33950			
fanta@hatasail.com	City/State and Zip Code		
fantr@hotmail.com E-mail address: (to be u	ised for future annual report notificati	 on)	
For further information concerning this matter, pl	ease call:		
Robert M. Fant	\$15 751- \$ 340		
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	e & S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed))
New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Div The Centre of Tallaha 2415 N. Monroe Stree	ssee	
Tallahassee, FL 32314	Tallahassee, FL 32303		J

H250000334263

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SFANT FL LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
- Addrage	
	of the Limited Liability Company is:
Principal Office Address:	Malling Address:
35 Canvasback Çt.	1235 Canvasback Ct.
nta Gorda, FL 33950	Punta Gorda, FL 33950
	(Must contain the words "Limited Liabi - Address: ddress and street address of the principal office Principal Office Address: 35 Canvasback Ct.

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

Robert M. Fant		
	Name	
1235 Canvasback C	t	
Florida street addre	95 (P.O. Box <u>NOT</u> ac	cceptable)
Punta Gorda	FL	33950
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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

as

H25000033426 3

"AMBR" = Authorized Member "MGR" = Managor	Name and Address:
AMBR/MGR	Robert M. Fant 1235 Canvasback Ct. Punta Gorda, FL 33950
AMBR/MGR	Sharon E. Fant 1235 Canvasback Ct. Punta Gorda, FL 33950
MGR	Brian Fant 679 E. 22nd St. Ogden, Utah 84401
(Use attachment if necessary)	
(If an effective date is listed, the date must be :	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days aft
Note: If the date inserted in this block does no	it meet the applicable statutory filing requirements, this date will not be listed nt of State's records.
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Note: If the date inserted in this block does no the document's effective date on the Department ARTICLE VI: Other provisions, if any. NONE REQUIRED SIGNATURE:	nt of State's records.
ARTICLE VI: Other provisions, if any. NONE REQUIRED SIGNATURE: Signature of a r This document is exect I am aware that any fall	

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)