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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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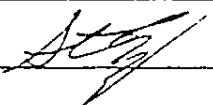
# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PENSCH & BOLIN LLC

Please Debit FCA000000003 For: 160

Thank you Seth Neeley



_____	Art of Inc. File _____	13	
_____	LTD Partnership File _____	10	
_____	Foreign Corp. File _____	6	
<input checked="" type="checkbox"/>	L.C. File _____	3	
_____	Fictitious Name File _____	2	
_____	Trade/Service Mark _____	1	
_____	Merger File _____		
_____	Art. of Amend. File _____		
_____	RA Resignation _____		
_____	Dissolution / Withdrawal _____		
_____	Annual Report / Reinstatement _____		
<input checked="" type="checkbox"/>	Cert. Copy _____		
_____	Photo Copy _____		
_____	Certificate of Good Standing _____		
<input checked="" type="checkbox"/>	Certificate of Status _____		
_____	Certificate of Fictitious Name _____		
_____	Corp Record Search _____		
_____	Officer Search _____		
_____	Fictitious Search _____		
_____	Fictitious Owner Search _____		
_____	Vehicle Search _____		
_____	Driving Record _____		
_____	UCC 1 or 3 File _____		
_____	UCC 11 Search _____		
_____	UCC 11 Retrieval _____		
_____	Courier _____		

Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT: PENSCH & BOLIN 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:

ANDREW PENSCH

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1370 WILLOW OAK COURT

\_\_\_\_\_  
Address

VERO BEACH, FL 32966

\_\_\_\_\_  
City/State and Zip Code

ANDREW@FLEASTCOAST.COM

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

For further information concerning this matter, please call:

MICHELE RODRIGUEZ

772

460-6786

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PENSCH & BOLIN 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:

Mailing Address:

1370 WILLOW OAK COURT  
VERO BEACH, FL 32966

1370 WILLOW OAK COURT  
VERO BEACH, FL 32966

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:

ANDREW PENSCH

Name

1370 WILLOW OAK COURT

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

VERO BEACH

FL

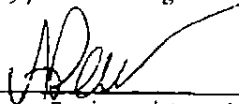
32966

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

ANDREW PENSCH  
1370 WILLOW OAK COURT  
VERO BEACH, FL 32966

MGR

HANNAH BOLIN  
1370 WILLOW OAK COURT  
VERO BEACH, FL 32966

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

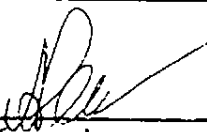
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



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.

ANDREW PENSCH

Typed or printed name of signer

**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)