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TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
SUBJECT:	OB & L, LL (Name of Limited	Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspondence concerning this matter to the following:				
Mark Brooks (Name of Person)				
	0	lame of Person)		
	(F	Firm/Company)		
_		_		
891	.O Schoolho	use Rd.		
8910 Schoolhouse Rd. (Address)				
<u>_C</u> c	oral Gables	(Z 3315 (2 State and Zip Code)	·	
	(City/	State and Zip Code)		
For further information concerning this matter, please call:				
Mark Br. (Name	of Person)	at (305) 807 (Area Code & Daytime Te	-5519 lephone Number)	
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ET ADDRESS: ration Section	MAILING AI Registration Se		

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RIPLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
80 B + L, LIC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8910 Schoolhouse Rd Coral Gables, FC. 33156	SAME
33156	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
Florida street addr Coral Cables City, State, ar Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ress (P.O. Box <u>NOT</u> acceptable) FL 33156
Mara	
Registered Agent's	Signature 05
(CONTINU	JED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Manag		
MGR	Mark Brooks Ogio Schoolhovje Coral Gables Fl. 37	ß6.
MGFM	Amado Lopez 17351 SE 79 ST Ocklawaha, FC. 3	Z 17
	<u> </u>	
(Use attachment if	necessary)	_,.
NOTE: An additi	onal article must be added if an effective date is requested	i.
REQUIRED SIG	JATURE:	
	Mark	
ŝ	ignature of a member or an authorized representative of a member.	
	in accordance with section 608.408(3), Florida Statutes, the execution f this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Mork Brooks	
•	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)