

#L 11000119373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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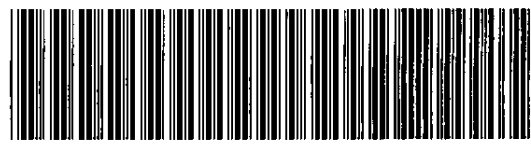
(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 19 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B&D TRANSPORTERS 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:

DEBORAH COCHRAN  
(Name of Person)

B&D TRANSPORTERS LLC  
(Firm/Company)

1527 NE 34TH STREET  
(Address)

CAPE CORAL FL 33909  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH COCHRAN at ( 239 ) 223-4634  
(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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

B&D TRANSPORTERS LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

B&D TRANSPORTERS LLC  
1527 NE 34TH STREET  
CAPE CORAL FL 33909

B&D TRANSPORTERS LLC  
1527 NE 34TH STREET  
CAPE CORAL FL 33909

**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:

DEBORAH COCHRAN  
Name

1527 NE 34TH STREET  
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL FL 33909  
City, State, and Zip

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SECRETARY OF STATE

*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 608, F.S.*

*Deborah Cochran*  
Registered Agent's Signature (REQUIRED)

