

**L0200 0029352**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**LIMITED LIABILITY COMPANY**  
**BFILL, L.L.C.**

RECEIVED

02 NOV -4 PM 12:46

DIVISION OF CORPORATIONS

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

11-04-02

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**BFILL, LLC.**

**ARTICLE II - Address:**

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

**480 N. ORLANDO AVE STE 218**

**WINTER PARK, FL 32789**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**WILLIAM H. RIPPARD**

Name

**480 N. ORLANDO AVE STE 218**

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

**WINTER PARK FL 32789**

City, State, and 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 608, F.S.*

**William H. Rippard**

Registered Agent's Signature

STATE OF FLORIDA  
TALLAHASSEE

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AND  
FILED

**Article IV - Management (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

William H. Ripard  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM H. RIPPARD  
Typed or printed name of signor

AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA