

L03 000021312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

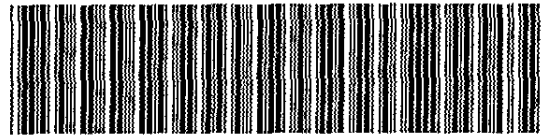
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800018841728

06/12/03--01051--019 **155.00

RECEIVED
03 JUN 12 PM 12:08
STATE
CLERK
DIVISION
TALLAHASSEE, FLORIDA

FILED

L03-21312
OR

CAPITAL CONNECTION, INC.

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

B & L Development LLC

Signature _____

Requested by: SW

Date 6/12

Time _____

Name _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

☒ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ 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 _____

FILED

ARTICLES OF ORGANIZATION

OF

B & L DEVELOPMENT, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is B & L Development, L.L.C.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 1102 Colonnades Drive, Fort Pierce, Florida 34949.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Managing Member shall be Chi Chiou Liu. The Members of the Company are as follows:

Chi Chiou Liu, M.D.
1102 Colonnades Drive
Fort Pierce, Florida 34949

Oswaldo D. Benitez, M.D.
408 S. 25th Street
Fort Pierce, Florida 34947

ARTICLE V – ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP


In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

FILED
JUL 12 PM 10:55
FORT PIERCE, FLORIDA

FILED


RICKEY L. FARRELL
As Attorney for the Members

STATE OF FLORIDA
COUNTY OF ST. LUCIE


BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced N/A as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 11th day of June, 2003.

(S E A L)



Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIN INSURANCE, INC.


Notary Public State of Florida at Large
Printed Signature: TIFFANY N. GONSALVES
My Commission No:
My Commission Expires:

03 JUN 12 PM 3:01
CLERK OF COURT
ST. LUCIE COUNTY, FLORIDA

FILED

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.


RICKEY L. FARRELL
Registered Agent

STATE OF FLORIDA
COUNTY OF ST. LUCIE

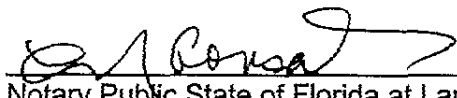
BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced N/A as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 11th day of June, 2003.

(S E A L)



Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FARM INSURANCE, INC.


Notary Public State of Florida at Large
Printed Signature: Tiffany N. Gonsalves
My Commission No:
My Commission Expires:

FILED
JUN 12 PM 3:31
CLERK OF DISTRICT COURT
ST. LUCIE COUNTY, FLORIDA