

L03000023416

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

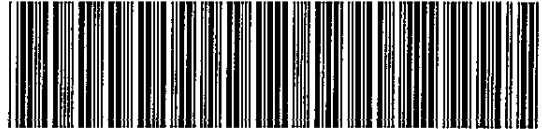
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED
03 JUN 23 PM 1:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: B & B RESTORATION, 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:

TOM BRYANT
(Name of Person)

B & B RESTORATION LLC
(Firm/Company)

8310 WHISPERING OAKS WAY
(Address)

W. PALM BEACH, FL. 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

TOM BRYANT at (561) 436 1334
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B+B RESTORATION, LLC
TALLAHASSEE, FLORIDA

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ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8310 WHISPERING OAKS WAY
W. PALM BCH. FL. 33411

SAME

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

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

TOM BRYANT
Name

8310 WHISPERING OAKS WAY
Florida street address (P.O. Box **NOT** acceptable)
W. PALM BCH FL FL. 33411
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.

Tom Bryant
Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MGR

TOM BRYANT
8360 W. H. SPARKS DR. W. WAY
W. PALM BEACH, FL 33411

MGRM

SHAN BROOKS
4459 DANIELSON DR.
LAKE WORTH, FL 33467

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Tom Bryant

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TOM BRYANT

Typed or printed name of signee

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)