

LO3000033455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

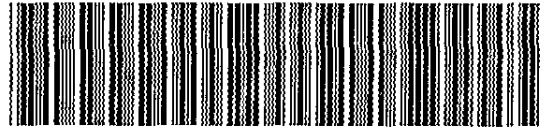
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/4

FL LC

Office Use Only



600022031766

09/04/03--01013--012 **125.00

FILED

FILED
03 SEP -4 AM 9:03
TALLAHASSEE FLORIDA

FF \$125

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEFIELD PROPERTIES, 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:

ALLEN MC NABB
(Name of Person)

(Firm/Company)

38850 OLD SPARKMAN STREET
(Address)

DADE CITY FL 33525
(City/State and Zip Code)

For further information concerning this matter, please call:

ALLEN MCNABB at (352) 521-5695
(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
Department of State \$125.00

ARTICLES OF ORGANIZATION

OF

BLUEFIELD PROPERTIES, ~~LTD.~~ LLC

FILED
03 SEP -4 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I – Name

The name of this Limited Liability Company is Bluefield Properties, ^{LLC}~~Ltd.~~ (the “Company”).


ARTICLE II – Address

The mailing address and street address of the principal office of the Company is 38850 Old Sparkman Street, Dade City, FL 33525.

ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature

The name and the Florida street address of the registered agent are Allen McNabb, 38850 Old Sparkman Street, Dade City, FL 33525.

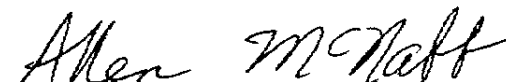
Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, Florida Statutes.


Allen McNabb

ARTICLE IV – Managing Member

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

Title	Name and Address
Manager	Audrey McNabb 38850 Old Sparkman Street Dade City, FL 33525
Manager Member	Allen McNabb 38850 Old Sparkman Street Dade City, FL 33525


Allen McNabb

(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.)


Allen McNabb