L03000054483

(Reque	stor's Name)	
(Address)		
(Addres	is)	
(City/St	ate/Zip/Phone	<u>. #0</u>
· ·	•	·
PICK-UP	X WAIT	MAIL
	_	
(Busine	ss Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
,		
Special Instructions to Filin	g Officer:	

Office Use Only



700025291997

12/19/09--01021--008 **125.00

> HOLLY OF COURSEASE 03 DEC 19 AM II: 03

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: BEBHANDIMM Sovice LLC (Name of Limited Hiability Company)
(Name of Enfined Biability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Benjarin F. G: 11:am (Name of Person)
BYB Hardyman Service (Firm/Company)
2623 Glenside Road
Talla 71 32308 (City/State and Zip Code)
For further information concerning this matter, please call:
at (
(Name of Person) at (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee Florida 32399 Tallahassee Florida 32314

DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS
AND OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	BOLB Hardyman Service LL
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address: 1623 & Lenside Rd Tallahassee F1 32308	Mailing Address: PO BOX 12582 Talkhassee F1 32317
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re Senting M. Name 1423 Aluxul Florida street address (P.O. City, State, an	Box NOT acceptable) FL 32308
liability company at the place designated in this c	I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and d agent as provided for in Chapter 608, F.S

(CONTINUED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member MJMM MMM	Name and Address: Betty Anderson 2623 Glens de Rood Tallahabsee Fl 32308 Benjarin F. G. Il ram 2623 Glenside Road Benjarassee Fl 32308
	, <u></u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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.)

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)