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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BILL BURGER 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:		
WILLIAM L BURGER	_	
(Name of Person)		
(Firm/Company)		
675 SAPP ROAD (Address)		•
NEW SMYRNA BEACH, FL 32168		
(City/State and Zip Code)	•	
For further information concerning this matter, please call:	=1	0
WILLIAM L BURGERat (904) 272-2122	AEG:	04 JAN 26
(Name of Person) (Area Code & Daytime Telephone Number)	— <u>\$</u>	<i>?</i> >
	HE C	
	S. F.	7

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 II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 675 SAPP ROAD NEW SMYRNA BEACH, FL 32168 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: WILLIAM L BURGER Name 675 SAPP ROAD Florida street address (P.O. Box NOT acceptable) NEW SMYRNA BEACH FLORIDA 32168		BILL BURGE	ER LLC	<u> </u>
NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: WILLIAM L BURGER Name 675 SAPP ROAD Florida street address (P.O. Box NOT acceptable) NEW SMYRNA BEACH FLORIDA 32168			rincipal office of the Limited Li	ability Company i
NEW SMYRNA BEACH, FL 32168 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: WILLIAM L BURGER Name 675 SAPP ROAD Florida street address (P.O. Box NOT acceptable) NEW SMYRNA BEACH FLORIDA 32168	Principal Office A	Address:	Mailing Address:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: WILLIAM L BURGER Name 675 SAPP ROAD Florida street address (P.O. Box NOT acceptable) NEW SMYRNA BEACH FLORIDA 32168	675 SAPP ROAD		675 SAPP ROAD	····
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The name and the Florida street address of the registered agent are: WILLIAM L BURGER Name 675 SAPP ROAD Florida street address (P.O. Box NOT acceptable) NEW SMYRNA BEACH FLORIDA 32168				
City, State, and Zip		WILLIAM L E Name 675 SAPP ROAD Florida street address (P. NEW SMYRNA BEACH	registered agent are: BURGER O. Box NOT acceptable) FLORIDA 32168	BECRETARY OF STATE STALLAHASSEE, FLORIDA
g been named as registered agent and to accept service of process for the above stated limited liability	ny at the place design act in this capacity.	gnated in this certificate, I her . I further agree to comply wi c of my duties, and I am familia	rvice of process for the above state eby accept the appointment as reg ith the provisions of all statutes re ar with and accept the obligations Chapter 608, Florida Statutes	gistered agent and lating to the prope

Page 1 of 2 (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	Name and Address:		
"MGRM" = Managing Member			
MGRM	WILLIAM L BURGER		
	675 SAPP ROAD		
	NEW SMYRNA BEACH, FL 32168		•
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(Use attachment if necessary)		JAN.	
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NOTE: An additional article must	be added if an effective date is requested.	ا عقد ا	3
	ORAN	$\ddot{\wp}$	
REQUIRED SIGNATURE:	<u> </u>	20	
V Milliare			
Signature of a member or a	n authorized representative of a member.		. *.
	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.)		
	LIAM L BURGER		
Typed or	r printed name of signee		

\$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)