

L04 000018657

(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



600029273296

03/01/04--01006--015 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 27 PM 1:53

FILED

L04 - 18657
al

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Builders Plus L.L.C.
(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:

Bruce Wells
(Name of Person)

Builders Plus L.L.C.
(Firm/Company)

1419 Shadow Bay Lane
(Address)

Brandon Florida 33510
(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Wells at (813) 363-3087
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 77 PM 1:53

FILED

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:

Builders Plus L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1419 Shadow Bay Lane

Brandon FL 33510

Mailing Address:

same

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

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

Bruce Wells

Name

1419 Shadow Bay Lane

Florida street address (P.O. Box **NOT** acceptable)

Brandon FL 33510

FLORIDA

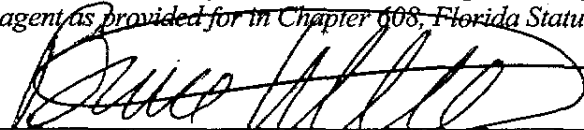
City, State, and Zip

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

04 FEB 27 PM 1:53

FILED

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..



Registered Agent's Signature

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

Name and Address:

MGR

Bruce Wells

1419 Shadow Bay Lane

Brandon FL. 33510

MGRM

Dorothy Wells

P O Box 148

North Zulch Texas 77872

(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.)

Bruce Wells

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)