

LD4000019009

(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



700028744137

03/11/04--01026--017 \*\*155.00

Is

RECEIVED  
04 MAR 11 PM 12:35  
DIVISION OF CORPORATION

FILED  
04 MAR 11 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B & H Contractors 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:

ELIZABETH R. MAXWELL  
(Name of Person)

B & H Contractors LLC  
(Firm/Company)

P.O. Box 4234  
(Address)

TALLAHASSEE, FL 32315  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth R. Maxwell at (850) 567-3158  
(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

FILED  
04 MAR 11 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

B & H CONTRACTORS LLC

## ARTICLE II - Address:

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

### Principal Office Address:

1936 Nanticoke Circle  
TALLAHASSEE, FL  
32308

### Mailing Address:

P.O. Box 4234  
TALLAHASSEE, FL  
32315

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

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

ELIZABETH R. MAXWELL  
Name

1936 Nanticoke Circle  
Florida street address (P.O. Box NOT acceptable)  
TALLAHASSEE FL 32303  
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..*

Elizabeth R. Maxwell  
Registered Agent's Signature

(CONTINUED)

FILED  
04 MAR 11 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

TODD STEPHEN HALE  
8, SAN MARCOS  
CRAWFORDVILLE, FL 32327

MGRM

ELIZABETH R. MAXWELL  
1936 NAUTICORKE CIR  
TALLAHASSEE, FL 32303

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

04 MAR 11 PM 12:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Elizabeth R. Maxwell  
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.)

ELIZABETH R. MAXWELL  
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)