

L04000020938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

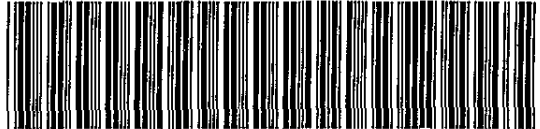
(Business Entity Name)

(Document Number)

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02/10/04--01028--020 **100.00

03/18/04--01020--006 **25.00

FILED
2004 MAR 16 PM 1:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-7066
J. BRYAN FEB 19 2004

J. BRYAN MAR 18 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BINELARY LLC
(Name of Limited Liability Company)

FILED
2004 MAR 16 PM 1:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDNA CORNEY
(Name of Person)

BINELARY LLC
(Firm/Company)

5565 JAMAICA RD.
(Address)

COCOA, FL. 32937
(City/State and Zip Code)

For further information concerning this matter, please call:

EDNA CORNEY at (321) 636-2889
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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2004 MAR 16 PM 1:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

February 19, 2004

EDNA CORNEY
BINELARY LLC
5565 JAMAICA RD.
COCOA, FL 32937

SUBJECT: BINELARY LLC
Ref. Number: W04000007066

We have received your document for BINELARY LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 904A00011358

*Rec'd Letter
3/10/04*



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 10, 2004

EDNA CORNEY
BINELARY LLC
5565 JAMAICA RD.
COCOA, FL 32937

SUBJECT: BINELARY LLC
Ref. Number: W04000007066

You failed to make the correction(s) requested in our previous letter.

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call
(850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 704A00015957

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
2004 MAR 16 PM 1:34
DIVISION OF CORPORATIONS
& ALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BINELARY LLC

ARTICLE II - Address:

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

Principal Office Address:

5565 JAMAICA RD
COCOA, FL. 32927

Mailing Address:

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

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

EDNA CORNEY

Name

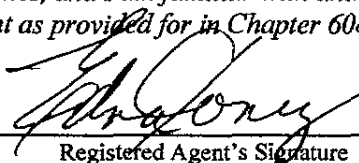
5565 JAMAICA RD

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

COCOA, FLORIDA 32927

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, 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:


_____	_____
_____	_____
_____	_____
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(Use attachment if necessary)

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UNION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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)