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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BILL SABART, 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:

BILL R. SABART  
(Name of Person)

(Firm/Company)

202 2nd ST. #D  
(Address)

Fort Myers, FL 33907  
(City/State and Zip Code)

For further information concerning this matter, please call:

Bill R. Sabart at ( 239 ) 878-4767  
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

BILL SABART, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

202 2nd St. # D

Fort Myers, FL 33907

**Mailing Address:**

202 2nd St. # D

Fort Myers, FL 33907

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

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

BILL R. SABART

Name

202 2nd ST. #D

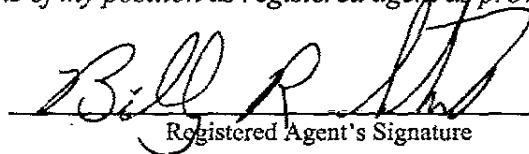
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33907

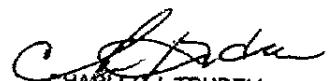
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

  
Registered Agent's Signature

(CONTINUED)

  
CHARLES J. TRUDELL  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD184558  
EXPIRES 11/13/2006  
BONDED \$20,000

**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:**

manager

Bill R. Sabart

202 2nd St. #D

Fort Myers, FL 33907

manager

Preston Hamilton

411 Mongoose Lane

N. Fort Myers, FL 33917

(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.)

BILL R. SABART

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)

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2004 MAR 15 P 1:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



CHARLES J. TRUDELL  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD164558  
EXPIRES 11/13/2006  
BONDED THRU 1-855-NOTARY1