

L04 000031937

Kathleen Safford

(Requestor's Name)

P.O. Box 6541

(Address)

(Address)

Miami Beach, FL 33150

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

Burns Right Consulting LLC

(Business Entity Name)

(Document Number)

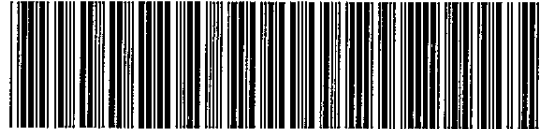
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUILD RIGHT CONSULTING, 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:

Kathleen Safford
(Name of Person)

BUILD RIGHT CONSULTING, LLC
(Firm/Company)

PO 6541
(Address)

Miramar Beach, FL 32550
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Safford at (850) 368 6567
(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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BULLS RIGHT CONSULTING, LLC

ARTICLE II - Address:

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

Principal Office Address:

#12 Bluefish - 150 Regency Way
Destin FL 32541

Mailing Address:

P.O. Box 6541
De Miramar Beach FL
32541

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

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

Kathleen Safford
Name
#12 Bluefish @ Destin RV Resort
Florida street address (P.O. Box **NOT** acceptable)
Destin FLORIDA 32541
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..

[Signature]
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:

MGRM

Kathleen Safford

412 Bluefish

Destin FL 32541

MGRM

George Phillips

412 Bluefish

Destin FL 32541

(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.)

Kathleen Safford

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)