L04000038265

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(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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05/20/04--01007--024 **125.00



TRANSMITTAL LETTER

TO:	Registration Section	
Division	of Corporations	

SUBJECT:) at	B	Rena	Aline	LC	
	 	(Name o	f Limited Liab	ility Company)		

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

Please return all correspondence concerning this matter to the following:

John PollArd (Name of Person) EB Renoduling Address) ATTA Loo Cha (City/State ee.

For further information concerning this matter, please call:

(Name of Person)

at (_____) (Area Code & Daytime Telephone Number) 14 MAY 20

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:

B Renodeling

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
John Biland	Same
35 Main ST	
Chetraching Feb	A STOC
ARTICLE III - Registered Agent, Registered Office,	
The name and the Florida street address of the registered	i agent are:
John Pollard	PH 12: 06
Name	06 ILFA
Florida street address (P.O. Box NO	<u>)T</u> acceptable)
Chatters haster FL City, State, and Zip	32324

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)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	John PollArd	· <u>·</u>
	35 MAIN ST CHATTAhoachee Flc 32324	а.
	ChATTAheachee, Ilc. 32324	
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e* ₩	·	-20 SEFE
(Use attachment if necessary)		PHT
NOTE: An additional article must be	added if an effective date is requested.	SECRETARY OF STATE ALLAHASSEE FLORIDA
REQUIRED SIGNATURE:		
Das	2 Polled	
Signature of a member of	or an authorized representative of a member.	
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury n are true.)	
Joh Type	a Dollarb d or printed name of signee	<u> </u>
	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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