

L04000041829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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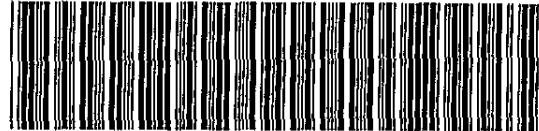
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Building Services Network  
(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:

Raymond L. Suitt  
(Name of Person)

Building Services Network  
(Firm/Company)

P.O. Box 272247  
(Address)

Tampa Fla. 33688-2247  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Raymond L. Suitt  
(Name of Person)

at ( 813 ) 918 3195  
(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

May 17, 2004

RAYMOND L. SUITT  
BUILDING SERVICES NETWORK  
P.O. BOX 272247  
TAMPA, FL 33688-2247

SUBJECT: BUILDING SERVICES NETWORK  
Ref. Number: W04000018899

We have received your document for BUILDING SERVICES NETWORK and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 904A00034157

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Building Services Network LLC,

ARTICLE II - Address:

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

Principal Office Address:

17887 Sailfish Dr.  
Lutz FL 33558

Mailing Address:

P.O. Box 272247  
Tampa, FL 33688-2247

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

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

Raymond L. Smith  
Name  
17887  
17887 Sailfish Dr.  
Florida street address (P.O. Box NOT acceptable)  
Lutz FL 33558  
City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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..*

Raymond L. Smith  
Registered Agent's Signature

(CONTINUED)

**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:**

MGR

Mary Kathleen Smith  
17887 Santa Fe Rd  
Lv 2 Ft 33588

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Mary Kathleen Smith  
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) ✓

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