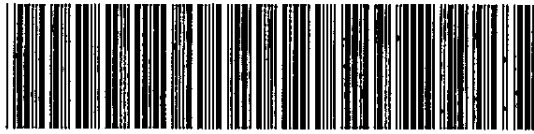


L04000042593

BYRON BYRNES  
10414 SALISBURY ST  
Riverview FL 33569



900036254579

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. BRYAN JUN - 2004

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 24, 2004

BYRON BYRNES  
10414 SALISBURY ST.  
RIVERVIEW, FL 33569

SUBJECT: BYRON BYRNES  
Ref. Number: W04000020011

FILED  
2004 JUN -4 PM 4:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for BYRON BYRNES and your check(s) totaling \$125.00. 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 204A00036253

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
2004 JUN -4 PM 4:15  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BYRON BYRNES "L.L.C."

**ARTICLE II - Address:**

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

**Principal Office Address:**

10414 SALISBURY ST  
Riverview FL 33569

**Mailing Address:**

Same

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

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

BYRON BYRNES

Name

10414 SALISBURY ST

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

Riverview FLORIDA 33569

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..*

Byron Byrnes

Registered Agent's Signature

FILED  
2004 JUN -4 PM 4:15  
JENNIFER W. WATSON  
TALLAHASSEE, FLORIDA

**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"

BYRON BYRNES  
10414 SALISBURY ST  
RIVERVIEW FL 33569

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Byron Byrnes

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.)

BYRON BYRNES

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)