104000043369

(Requestor's Name)	•
(Address)	-
(Address)	•
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





400037504094

06/01/04--01076--017 **125.00

04 JUN - 1 AM 10: 52

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: (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:

(Name of Person)

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) (Area Code & Davtime 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 DIVISION OF CORPORATION 52

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: LD VS & B BYACY LL. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 2821 Sulf City Rd Lot 145 2821 Sulf City Rd. Ruskin F133570 Ruskin, F133570
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
Name Name Name Name Name Name Name No. Dr. dy No. dy No. dy Florida street address (P.O. Box NOT acceptable) Ruskin Florida 335500 = 500
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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address: er	-
Manager	Loyse B. Brady 2821 Sulf City Rd L Ruskin, Fl 33570	0+1
		
		* **
(Use attachment if necessary)		٠
	e must be added if an effective date is requested.	
NOTE: An additional articler REQUIRED SIGNATURE:	or B Brack	
NOTE: An additional article REQUIRED SIGNATURE: Signature of a ment of this document conthat the facts stated in the state of the stat	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)