

L040000 62873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

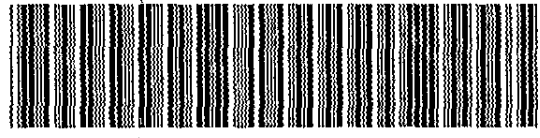
(Business Entity Name)

(Document Number)

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

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FALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BNR, 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:

Paul K. McKenzie

(Name of Person)

(Firm/Company)

549 Val Mar Dr

(Address)

Fort Myers, FL 33919

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul K. Mckenzie

(Name of Person)

at ( 239 ) 433-5979

(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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BNR, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

549 Val Mar Dr

549 Val Mar Dr

Fort Myers, FL 33919

Fort Myers, FL 33919

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

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

Paul K. McKenzie

Name

549 Val Mar Dr

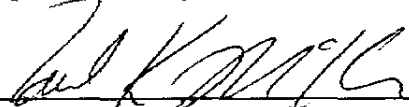
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, FL 33919

City, State, and Zip


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

  
CHARLES J. TRUDELL  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD184558  
EXPIRES 11/13/2006  
BONDED THRU 1-888-NOTARY1

**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

Paul K. McKenzie

549 Val Mar Dr.

Fort Myers, FL 33919

MGRM

Roy E. Macdermott II

16 Val Mar Dr.

Fort Myers, FL 33919

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

**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.)

PAUL K. MCKENZIE

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)

  
CHARLES J. TRUDELL  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD164558  
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