

L04000065401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

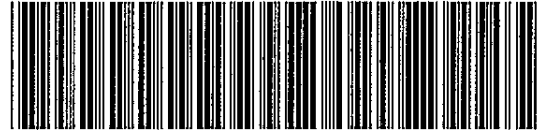
(Business Entity Name)

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DIVISION OF CORPORATIONS
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09/02/04

30

Return Name and Address

BB CONSTRUCTION SERVICES LLC
230 MARTISA RD NW
FT WALTON BEACH FL 32548

Date

Address for Regular Mail:

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Address for Courier, Hand, or Express Delivery:

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Articles of Organization/Original Appointment of Agent

Dear Sir:

Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime telephone number is
904-955-6283

With kindest regards, I am

WILLIAM A. BURNS

Sincerely yours,


Signature

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Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BB CONSTRUCTION SERVICES LLC

ARTICLE II - Address:

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

230 MARTISA RD
FT WALTON BEACH FL 32548

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

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

WILLIAM A. BURNS
Name
230 MARTISA RD
Florida street address (P.O. Box NOT acceptable)
FT WALTON BEACH FL 32548
City, State, and Zip

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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.

William A. Burns
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

William A. Burns
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.)

WILLIAM A. BURNS
Typed or printed name of signee