

L04000067326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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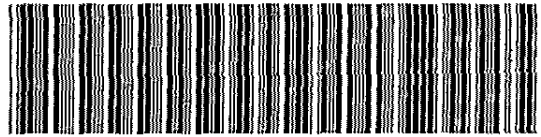
(Business Entity Name)

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bryan P. Bonner L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan P. Bonner
(Name of Person)

Bryan P. Bonner L.L.C.
(Firm/Company)

506 George st.
(Address)

Winter Springs FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Bonner at 407 963-6835
(Name of Person) (Area Code & Daytime Telephone Number)

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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

August 17, 2004

BRYAN P. BONNER
BRYAN P. BONNER L.L.C.
506 GEORGE ST.
WINTER SPRINGS, FL 32708

SUBJECT: BRYAN P. BONNER L.L.C.
Ref. Number: W04000031238

We have received your document for BRYAN P. BONNER L.L.C. and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 804A00050586

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bryan P. Bonner 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:

506 George st.
Winter Springs
FL 32708

Mailing Address:

506 George st.
Winter Springs FL
32708

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

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

Bryan P. Bonner
Name

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

Winter Springs FLORIDA 32708
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..

Bryan P. Bonner
Registered Agent's Signature

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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

Bryan P. Bonner
506 George St.
Winter Springs FL 32708

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Bryan P. Bonner
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.)

Bryan P. Bonner
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)