

L040000068310

(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:

Office Use Only



000040742410

09/17/04--01010--009 \*\*125.00

FILED  
2004 SEP 17 PM 3:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN SEP 20 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B & S Pasco Properties, 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:

Thomas J. Schueller  
(Name of Person)

Buyer's Resource Bay Realty  
(Firm/Company)

10019 N. Dale Mabry, Suite 100  
(Address)

Tampa FL 33618  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas J. Schueller at ( 813 ) 416-8786  
(Name of Person) (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

FILED  
2004 SEP 17 PM 3:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 SEP 17 PM 3:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

B & S Pasco Properties, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10019 N. Dale Mabry, Suite 100

Tampa, FL 33618

**Mailing Address:**

10019 N. Dale Mabry, Suite 100

Tampa FL 33618

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

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

Thomas J. Schueller

Name

10019 N. Dale Mabry, Suite 100


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

Tampa

FLORIDA 33618

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..*

  
\_\_\_\_\_  
Registered Agent's Signature

**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

Thomas J. Schueller

2111 Climbing Ivy Dr.

Tampa Fl 33618

MGRM

Eric Bade

4214 Sandy Shores Dr.

Lutz FL 33549

(Use attachment if necessary)

**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.)

Thomas J. Schueller

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)

FILED  
2004 SEP 17 PM 3:31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA