

L05006001427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

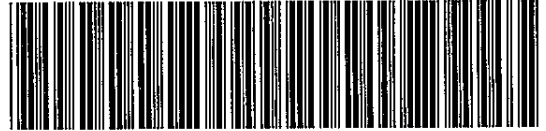
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05 JAN -5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 JAN -5 PM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 125593 156480A

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 125.00

FILED
05 JAN 5 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 5, 2005

ORDER TIME : 3:45 PM

ORDER NO. : 125593-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor
Roberts, Seward & Company

Suite 202
505 E. Jackson Street
Tampa, FL 33602

DOMESTIC FILING

NAME: B & B VENTURES, LLC

EFFECTIVE DATE:

- _____ ARTICLES OF INCORPORATION
- _____ CERTIFICATE OF LIMITED PARTNERSHIP
- XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B & B VENTURES, 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:

505 E. JACKSON ST., STE 202
TAMPA, FL 33602

-SAME-

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

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

RICHARD A. ROBERTS

Name

505 E JACKSON ST., SUITE 202

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

TAMPA FL 33602

City, State, and Zip

FILED
05 JAN - 5 PM 5:00
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)

Page 1 of 2

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

RICHARD A. ROBERTS

505 E. JACKSON ST., SUITE 202

TAMPA, FL 33602

(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.)

RICHARD A. ROBERTS

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)