

W05000010788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

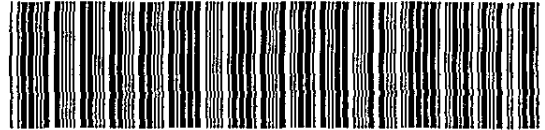
(Business Entity Name)

(Document Number)

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W05-10788  
OK

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

SUBJECT: **B & R Contractors, LLC**

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Billy Hobgood

B & R Contractors, LLC

2659 N. US 1

Fort Pierce, FL 34939

46

For Further information concerning this matter, please call:

Billy Hobgood at (772) 708-3865

Enclosed is a check/money order for the \$125.00 Filing Fee

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**B & R Contractors, 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:

2659 N. US 1 46  
Fort Pierce, FL 34950

Same

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

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

**Billy Hobgood**

**2659 N. US 1**  
Florida Street Address

**Fort Pierce, FL 34950**  
City, State, 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, F.S.

*Billy Hobgood*

Registered Agent's Signature

(CONTINUED)

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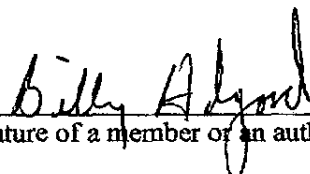
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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Billy Hobgood 2659 N. US 1 46 Fort Pierce, FL 34950
MGRM	Dale Hobgood 2659 N. US 1 46 Fort Pierce, FL 34950

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.)

Billy Hobgood  
Typed or printed name of signee

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