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		2005 MAR 31	P
		SECRETARY TALLAHASSE	OF.
(Re	equestor's Name)	Manager (∤∫
(Ad	dress)		_
(Ad	dress)		_
(Cit	y/State/Zip/Phone	e #)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	_
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	_
Special Instructions to	Filing Officer:		7
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Office Use Only



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03/31/05--01036--003 **130.00

TO: Registration Section Division of Corporations (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: For further information concerning this matter, please call: Enclosed is a check for the following amount: 10. \$130,00 Filing Fee & ☐ \$125.00 Filing Fee □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy Certificate of Status Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:
The name of the Limited Liability Company is: SECRETARY OF STATE TALLAHASSEE, FLORIDA
B & L Investment Properties, CC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
700 Ohio Avenue 700 Ohio Avenue
LYNN Haven FL 32444 LYNN Hoven FL 32444
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Brian Baber
Name
Too Ohio Avenue Florida street address (P.O. Box NOT acceptable)
LYNN Haven FL 32444 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, F.S Registered Agent's Signature

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(CONTINUED)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	205 MAR 31 P 2/31
MER	Brian Baber BERNEMAY OF STATE
	2115 Country Club Drivell All ASSEE. FLORIDA
Merm	Lewis E. Baber
	2205 Country Club Drive
	Sylvin Items IV. 15 Service
	Carried Control of the Control of th
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(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
	•
REQUIRED SIGNATURE:	The state of the state of the small state of the state of
Signature of a member or	an authorized representative of a member.
(In accordance with section	a 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury
that the facts stated herei	n are true.)
Brian B	or printed name of signee
• • • • • • • • • • • • • • • • • • •	of printed hathe of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organiza	ition and Designation
of Registered Agent \$ 30.00 Certified Copy (Optional)	
✓\$ 5.00 Certificate of Status (Optional)	•