

L05000033067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

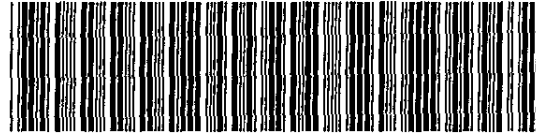
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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EFFECTIVE DATE

5/1/05

12/20/04--01027--018 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 APR -1 P 3:06

10:00

Submit
Effective date

504000047389

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Cuzz Ltd
(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:

Carlos L. Alford
(Name of Person)

Big Cuzz Ltd
(Firm/Company)

531 Cassat Ave
(Address)

Jacksonville FL 32254
(City/State and Zip Code)

For further information concerning this matter, please call:

Carlos L. Alford at (703) 371-5643
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 APR -1 P 3:06

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 29, 2004

CARLOS L. ALFORD
BIG CUZZ LTD
531 CASSAT AVE
JACKSONVILLE, FL 32254

SUBJECT: BIG CUZZ LTD
Ref. Number: W04000047389

We have received your document for BIG CUZZ LTD and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with 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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 804A00071879



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 23, 2005

CARLOS L. ALFORD
BIG CUZZ
531 CASSAT AVE
JACKSONVILLE, FL 32254

SUBJECT: BIG CUZZ L.L.C.
Ref. Number: W04000047389

We have received your document for BIG CUZZ L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 21, 2005. Please amend your document accordingly.

You originally sent this is on 12/20/04 and it was rejected. We gave you 60 days to respond. The 60 days are up so therefore you can not have the effective date of January 1, 2005.

Please return your document, along with 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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 405A00019874

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIG CUZZ LTD C.L.C.

ARTICLE II - Address:

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

Principal Office Address:

531 Cassat Ave

Jacksonville FL 32254

Mailing Address:

109 Potomac Hills Dr.

Stafford VA 22554

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

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

Richard Alford

Name

531 Cassat Ave

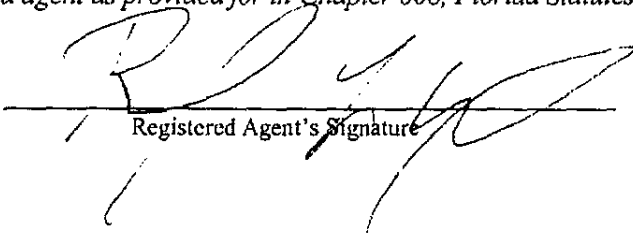
Florida street address (P.O. Box NOT acceptable)

Jacksonville

FLORIDA 32254

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:

MGR

Carlos L. Alford

109 Potomac Hills

Stafford VA 22554

MGR

Detrol W. Alford

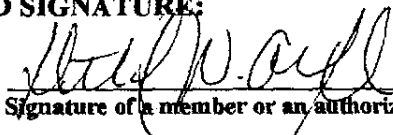
310 Pointe Ct

Newport News VA 23601

(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.)

Detrol W. Alford

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)

ARTICLE V- Effective Date

The effective date of this request is ~~1 January 2005~~

1 May 2005

FILED

2005 APR -1 P 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA