

L05000033489

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALABAMA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOBBY LOWERY, 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:

BOBBY LOWERY
(Name of Person)

BOBBY LOWERY, LLC
(Firm/Company)

10411 PINE HILL TERRACE
(Address)

PENSACOLA, FL 32514
(City/State and Zip Code)

For further information concerning this matter, please call:

BOBBY LOWERY at (850) 525-1520
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOBBY LOWERY, LLC

ARTICLE II - Address:

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

Principal Office Address:

10411 PINE HILL TERRACE

PENSACOLA, FL 32514

Mailing Address:

10411 PINE HILL TERRACE

PENSACOLA, FL 32514

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

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

BOBBY LOWERY

Name

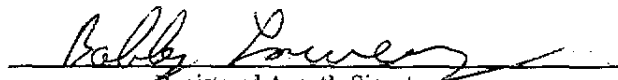
10411 PINE HILL TERRACE

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

PENSACOLA FL 32514

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

(CONTINUED)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

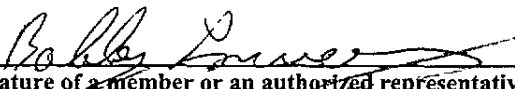
Name and Address:

MGRM	BOBBY LOWERY
	10411 PINE HILL TERRACE
	PENSACOLA, FL 32514

(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.)

BOBBY LOWERY

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)

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ALABAMA

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Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **33-1114857**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested BOBBY LOWERY, LLC		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 10411 PINE HILL TERRACE		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code PENSACOLA, FL 32514		5b City, state, and ZIP code
	6 County and state where principal business is located ESCAMBIA, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustor BOBBY LOWERY		7b SSN, ITIN, or EIN 594-42-0173
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____			
<input type="checkbox"/> Personal service corp.			
<input type="checkbox"/> Church or church-controlled organization			
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____			
<input checked="" type="checkbox"/> Other (specify) ▶ LLC, SINGLE MEMBER			
<input type="checkbox"/> Estate (SSN of decedent) _____			
<input type="checkbox"/> Plan administrator (SSN) _____			
<input type="checkbox"/> Trust (SSN of grantor) _____			
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____			
<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Hired employees (Check the box and see line 12.)			
<input type="checkbox"/> Created a trust (specify type) ▶ _____			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
<input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (month, day, year) 11/11/04		11 Closing month of accounting year 12/31	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ _____			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."		Agricultural	Household
▶ 0		0	0
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker			
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
<input checked="" type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. REAL ESTATE			
16a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 16b and 16c. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **BOBBY LOWERY, MANAGING MEMBER**

Signature ▶ *Bobby Lowery*

Date ▶ **11/11/04**

Applicant's telephone number (include area code)
(850) 525-1520
Applicant's fax number (include area code)
(850) 432-8899