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ALLAHASSEY, LEGAL ID OF CORPORATIONS  
ALLAHASSEY, FLORIDA

# TRANSMITTAL LETTER

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOBBY PHILLIPS 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 PHILLIPS  
(Name of Person)

BOBBY PHILLIPS LLC  
(Firm/Company)

5253 FOUR LAKES RD  
(Address)

CRESTVIEW, FL 32539  
(City/State and Zip Code)

For further information concerning this matter, please call:

BOBBY PHILLIPS at (850) 682-2296  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee<br>& Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee<br>& Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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

FILED  
05 MAY -4 PM 1:22  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

BOBBY PHILLIPS 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:**

BOBBY PHILLIPS LLC

5253 FOUR LAKES RD

CRESTVIEW, FL 32539

BOBBY PHILLIPS LLC

5253 FOUR LAKES RD

CRESTVIEW, FL 32539

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

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

BOBBY PHILLIPS

Name

5253 FOUR LAKES ROAD

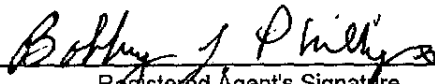
Florida street address (P.O. Box **NOT** acceptable)

CRESTVIEW

FL 32539

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)

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

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

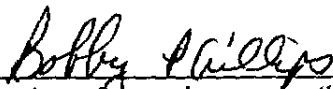
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMBOBBY PHILLIPS5253 FOUR LAKE ROADCRESTVIEW, FL 32539

(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 PHILLIPS

Typed or printed name of signee

**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)