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TRANSMITTAL LETTER

	stration Sec sion of Corp				
SUBJECT:	B & W II, L	LC (Name of Limited	Liability Cor	npany)	-
The enclosed	Articles of	Organization and fee(s) are su	bmitted for fi	ling.	
Please return	all correspo	ndence concerning this matter	to the follow	ing:	
	Напів Н.		lame of Person)		
		,	ŕ		
Barnes, Br	oom, Dalla	s and McLeod, PLLC			
		(I	irm/Company)		
5	River Bend	Place, Suite A			
			(Address)		* ****
	Flowo	od, Mississippi 39232-7681			
		(City/	State and Zip C	ode)	
For further in	formation c	oncerning this matter, please	call:		
Sarah L. O'l	Veal		at (601	981-6336	
	(Name	of Person)	(Area (Code & Daytime Te	lephone Number)
Enclosed is	a check for	the following amount:			
Ø \$125.00 F	iling Fee	□ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy opy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations			MAILING A Registration S Division of Co	ection orporations	

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

BARNES, BROOM, DALLAS AND McLEOD, PLLC

ATTORNEYS AT LAW

5 RIVER BEND PLACE, SUITE A
FLOWOOD, MISSISSIPPI 39232-7618
TELEPHONE: (601) 981-6336
FAX: (601) 981-7075

www.wealthmanagement.net

GULFPORT, MS OFFICE: 2322 24TH STREET, ROOM 216 GULFPORT, MISSISSIPPI 39501 TELEPHONE: (228) 868-0197

HATTIESBURG, MS OFFICE; 29 BATSON STREET P.O. BOX 888 (39403-0888) HATTIESBURG, MS 39401 TELEPHONE: (601) 545-8299 FACSIMILE: (601) 545-8298

E-mail: Tbarnes@wealthmanagement.net

June 6, 2005

HARRIS H. BARNES, III, P.A.¹ GORDON BROOM T. WALTON DALLAS, P.A.¹ WILLIAM E. McLEOD, P.A.¹ KRISTA S. ANDY C. DUANE THOMAS

* A Mississippi Professional Corporation

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: B & W II, LLC

Dear Sir:

Enclosed please find one (1) original of the Articles of Organization for the above Limited Liability Company, along with our client's check in the amount of \$125.00 to cover the filing fee. I would appreciate your filing the Articles as soon as possible and mailing me a letter of acknowledgment.

If you have any questions, please do not hesitate to contact me. Thank you for your prompt assistance and cooperation in this matter.

With kindest personal regards, I am,

Very truly yours,

BARNES, BROOM, DALLAS AND McLEOD, PLLC

Harris H. Barnes, III

HHB,III:son Enclosures (2)

cc: Robert and Wanda White

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

B & W II, LLC	· · · · · · · · · · · · · · · · · · ·			
ARTICLE II - A		of the principal office of the Limited Liability Company is		
Principal Office	Address:	Mailing Address:		
16281 Perdido Ke	ey Drive A504	1303 Abbeville Street		
Pensacola, FL		Pascagoula, MS 39581		
		gistered Office, & Registered Agent's Signature:		
		gistered Office, & Registered Agent's Signature: of the registered agent are:		
	e Florida street addres	- · · · · · · · · · · · · · · · · · · ·		
	e Florida street addres	of the registered agent are: Name		
	CT Corporation 1200 S Pine Island F	of the registered agent are: Name		
	CT Corporation 1200 S Pine Island F	Name		

See attached
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

14:8 KW 8- KNC 50

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Lis					
2. The name and the Florida st	reet address of	the registered a	gent and office are:		
	стс	orporation System			
		(Name)			
	1200 South Pine Island Road				
Flo	rida Street Addres	ss (P.O. Box NOT	ACCEPTABLE)		
P	lantation	FL	33324		
***************************************		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, Florida Statutes.

By:

(Signature)

J.L. Miles, Asst. Secy.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FL057 - 08/03/04 C T System Online

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	M. Wanda White
	1303 Abbeville Street
	Pascagoula, MS 39581
,	
(Use attachment if necessary)	•
NOTE: An additional article n	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	
M. 1	Wanda White
Signature of a mo	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
M. Wanda Whi	
	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)