

L05000100539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

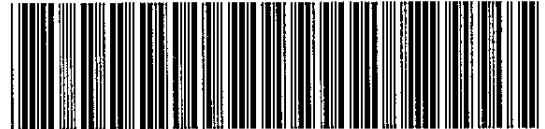
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/22/05--01012--022 \*\*155.00



FROM :

FAX NO. : 3526376129

Oct. 12 2005 10:33AM R1

*active*  
**L05000100539**  
**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: B & B Enterprises, 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:

Bonnie Jean Schwendeman

(Name of Person)

B & B Enterprises

(Firm/Company)

5681 S. Perch Pt.

(Address)

Floral City, FL 34436

(City/State and Zip Code)

30065979/893  
09/22/05 01012 022  
155<sup>00</sup>

155-4501453-1005063790  
DEPOSIT ONLY 155.00  
09/22/05-01012-022

For further information concerning this matter, please call:

Bonnie Schwendeman

(Name of Person)

at 352 637-6129

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRET  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 12 PM 1:17

**FILED**

EFFECTIVE DATE

10/12/05



ROM :

FAX NO. : 3526376129

Oct. 12 2005 09:41AM P1

attn: Lee

**CERTIFICATE OF CONVERSION**

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

B & B Enterprises

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: July 12, 2005  
B. Jurisdiction: Citrus County  
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: \_\_\_\_\_

THIRD: The name of the limited liability company as set forth in the attached articles of organization is:

B & B Enterprises, LLC

Bonnie Jean Schwendeman

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.)

Bonnie Jean Schwendeman

Typed or Printed Name of Signee

**FILING FEES:**

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

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

10/12/05

05 OCT 12 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

B & B Enterprises, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

5681 S. Perch Pt.

Floral City, FL

34436

**Mailing Address:**

5681 S. Perch Pt.

Floral City, FL

34436

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)

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

Bonnie Jean Schwendeman

Name

5681 S. Perch Pt.

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

Floral City, FL 34436

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..*

Bonnie Jean Schwendeman  
Registered Agent's Signature (REQUIRED)

EXPIRATION DATE  
10/12/05

(CONTINUED)

Page 1 of 2

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05 OCT 12 PM 1:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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"

Bonnie Jean Schwendeman

5681 S. Perch Pt

Floral City, FL 34436

**ARTICLE V:** Effective date, if other than the date of filing: October 12, 2005, (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Bonnie Jean Schwendeman  
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.)

Bonnie Jean Schwendeman

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)

**FILED**  
05 OCT 12 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA