۱.	

ē

X

L05000119515

(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Name
Availability
Decurrent Dur
Examin.: Office Use Only
ttoria at
record to the test of test
Actino ledgement DCC
V. P. Vernyer DCC



11/09/05--01012--011 ***78.75

12/05/05--01015--020 **46.25



Articles of Organization

money

Department of State Department of Ståte Division of Corporations P.O. Box 6327 Tallahassee, FL

November 4, 2005

F

RE: FBGM, LLC

To Whom It May Concern:

Please find the articles of incorporation for the proposed limited liability corporation, FBGM, LLC, and a check payable to the Florida Department of State in the amount of \$78.75 for the appropriate filing fees.

Please file the enclosed articles and send a certified copy to me. Thank you in advance for your prompt attention to this matter.

105 DEC 15

υ

50

Sincerely,

Kevin McGovern 1508 Bay Road Suite 933 Miami Beach, FL 33139



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 16, 2005

KEVIN MCGOVERN 1508 BAY ROAD, SUITE 933 MIAMI BEACH, FL 33139

SUBJECT: FBGM, LLC Ref. Number: W05000051309

We have received your document for FBGM, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong documents. You must file Articles of Organization to form a LLC. Please notice the filing fee is different.

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

Ş,

Letter Number: 105A00067876

TO: Registration Se Division of Co		
SUBJECT:	FBGM, 44C (Name of Limited Liability Company)	
The enclosed Articles of	of Organization and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	(Name of Person)	<u>-</u>
	FBGM, UC (Firm/Company)	
	1508 Bay Rd # 933	<u> </u>
	Miami Bch FL 33139 (City/State and Zip Code)	·
		,
	concerning this matter, please call:	
Kevins	<u>Abovern</u> at <u>954</u> <u>593 8/4/</u> (Area Code & Daytime Telephone Number)	
	For the following amount:	
▼\$125.00 Filing Fee -78 75 (first pmt)	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee & S160.00 Filing Fee & S160.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy	ee, &
\$ 46.25		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

.

COVER LETTER

-

•

s,

ĸ

.

"

t

.

•

```

÷

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is:

(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:** 

# Mailing Address:

FL

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 another business entity with an active Florida registration.)

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



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..

egistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGR

MARK

NGR

# 933 33/9 H

1.05

Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_. (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:** 

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.)

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)