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00789-00595- B. Mahor (Requestor's Name) P. D. BOX 2263 (Address) (Address) (Address)	3 100066938311
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	03/03/0601046010 **125.00
Certified Copies Certificates of Status Special Instructions to Filing Officer:	2 Col. 90

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M. HODGES



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2006

B. MANOR P.O. BOX 2263 JACKSONVILLE, FL 32203

SUBJECT: B-MANOR

Ref. Number: W06000010744

We have received your document for B-MANOR and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6967.

Letter Number: 206A00015385

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Must end with the words "Limited Limited Limited Company" or their abbreviation "LLC," or

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pri Liability Company is:	incipal office of the Limited
Principal Office Address:	Mailing Address:
5580 flue B Jacksonvi 11e, Fl. 32209	P.O. Box 2263 Tacksony ile, Pl. 32203
ARTICLE III - Registered Agent, Registered Signature: (The Limited Liability Company cannot serve as its own Registe individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the reference	So n Or, Box NOT acceptable) FL 32211
Having been named as registered agent and to	accept service of process for the

(CONTINUED)
Page 1 of 2

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 (REQUIRED)

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	Name and Address:	
MGR	Will Pace 7260 Arlet Dr. Jacksonville, Fl. 32211	
MIGRM	Felisia Walker 72.60 Arlet Dr. Vacksonville, Fl. Jazzi	
MGR	Will Pace 7260 Arlet Dr. Jacksony, He Fl. 32211	
MGR	Leginald M. Drusson 7860 Ariet Dr. Jacksonville Fl. 32211 (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.		
of this document constitutes a	608.408(3), Florida Statutes, the execution affirmation under the penalties of perjury s stated herein are true.)	
Reginald Typed or	m. Dawson 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)