

LD6000038682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

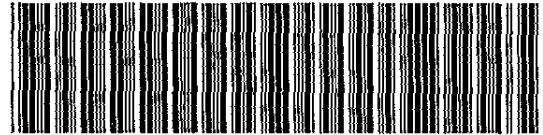
(Document Number)

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

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RECEIVED  
06 APR 13 PM 2:03  
06 APR 13 PM 2:23  
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TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Builders & Property Management, LLC*

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_ Cert. Copy \_\_\_\_\_

\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_

APPROVED  
AND  
FILED

**ARTICLES OF ORGANIZATION  
OF  
BUILDERS & PROPERTY MANAGEMENT, LLC**

06 APR 13 PM 2:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A FLORIDA LIMITED LIABILITY COMPANY**

1. **Name.** The name of the limited liability company is **BUILDERS & PROPERTY MANAGEMENT, LLC.**
2. **Address of Principal Office.** The mailing address and the street address of the principal office of the limited liability company is 2396 NW 49th Lane, Boca Raton, FL 33431.
3. **Purpose.** The purpose for which the limited liability company is organized is any and all lawful business.
4. **Registered Agent and Registered Office.** The name and street address of the registered agent are Enzo D'Angelo, 2396 NW 49th Lane, Boca Raton, FL 33431.

*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.*

  
\_\_\_\_\_  
Enzo D'Angelo  
Registered Agent

5. **Management.** The LLC is to be managed by its members.

IN WITNESS WHEREOF, the undersigned made and executed these Articles of Organization.

  
\_\_\_\_\_  
Enzo D'Angelo  
Authorized Representative of Members

Dated: March \_\_\_\_, 2006