

LD6000070098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

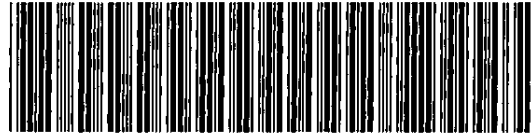
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
7/15/06

James P. Durkin
Attorney at Law
2605 East Atlantic Boulevard
Pompano Beach, Florida 33062
(954) 785-1460

June 30, 2006

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

Subject: B 9 Sims Creek Realty, LLC

Dear Registration Section:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

James P. Durkin
Attorney at Law
2605 East Atlantic Blvd.
Pompano Beach, FL 33062

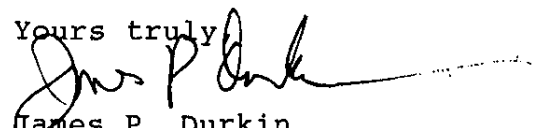
For further information concerning this matter, please call James P. Durkin at (954) 785-1460.

Enclosed is a check for the following amount: \$160.00.

Please return a Certificate of Status and Certified Copy. An additional copy is enclosed.

Thank you for your attention to this matter.

Yours truly,


James P. Durkin

JPD:br

enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name

The name of the Limited Liability Company is:

B 9 Sims Creek Realty, LLC

ARTICLE II-Address:

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

Principal Office Address

Mailing Address

c/oJOHN T. CLIXBY
308E
100 Waterway Road
Tequesta, Florida 33469

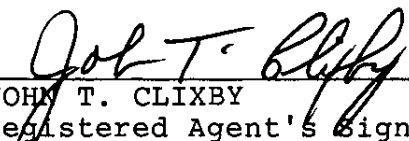
c/oJOHN T. CLIXBY
308E
100 Waterway Road
Tequesta, Florida 33469

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

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

JOHN T. CLIXBY
308E
100 Waterway Road
Tequesta, Florida 33469

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.


JOHN T. CLIXBY
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV: Managing Members:

The name and address of the Managing Members is as follows:

Title:

"MGRM"= Managing Member

Name and Address:

MGMR

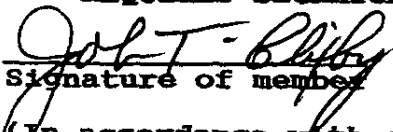
JUDITH CLIXBY
308E
100 Waterway Road
Tequesta, Florida 33469

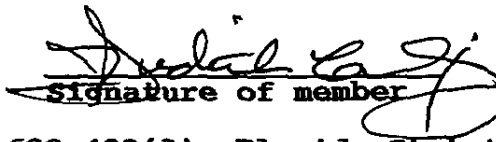
MGMR

JOHN T. CLIXBY
308E
100 Waterway Road
Tequesta, Florida 33469

ARTICLE V: The effective date shall be July 15, 2006.

REQUIRED SIGNATURE:


Signature of member


Signature of member

(In accordance with section 608.408(3), Florida Statutes, execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true)

JOHN T. CLIXBY
Typed name of signee

JUDITH CLIXBY
Typed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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