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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B4B PROPERTIES, 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:

NORMAN BOWEN
(Name of Person)
B4B PROPERTIES, LLC
(Firm/Company)
6235 BORDEAUX CIRCLE
(Address)
SANFORD FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN BOWEN at 407, 547 9488
(Name of Person) (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 Fee, 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

Articles of Organization of B4B Properties, LLC

The undersigned person(s), acting as Organizer(s) for the purpose of forming a business limited liability company under the laws of the State of Florida, adopt(s) the following Articles of Organization:

Article 1. The name of the limited liability company is B4B Properties, LLC

Article 2. The principal place of business of the company is 6235 Bordeaux Circle, Sanford, FL 32771.

Article 3. (Optional) The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers that are afforded limited liability companies under the laws of the State of Florida.

Article 4. The duration of this limited liability company shall be perpetual.

Article 5. The number of members of this limited liability company is two.

Article 6. (Optional) The names and addresses of the initial members of this limited liability company are as follows:

<i>Name</i>	<i>Address</i>
Norman Bowen	6235 Bordeaux Circle, Sanford, FL 32771
Regine Bowen	6235 Bordeaux Circle, Sanford, FL 32771

Article 7. The initial registered agent of this limited liability company is Norman Bowen. By his or her signature at the end of this document, this person acknowledges acceptance of the responsibilities as registered agent of this limited liability company.

Article 8. The initial address of the office of the registered agent of this limited liability company is 6235 Bordeaux Circle, City of Sanford, in the County of Seminole, State of Florida.

Article 9. Intentionally left blank.

Article 10. The company will be managed by the following [members only]:

<i>Name</i>	<i>Address</i>
Norman Bowen	6235 Bordeaux Circle, Sanford, FL 32771
Regine Bowen	6235 Bordeaux Circle, Sanford, FL 32771

Article 11. The company reserves the right to admit new members at any time.

Article 12. The company reserves the right to continue without dissolution, under the terms as set forth in the company Operating Agreement, upon any act that might otherwise cause the

dissolution of the company or the dissociation of a member under the laws of the State of Florida.

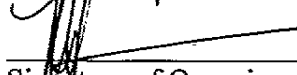
Article 13. *Intentionally left blank.*

Article 14. *Intentionally left blank.*

Article 15. This limited liability company adopts the following additional articles:

I certify that all of the facts stated in these Articles of Organization are true and correct and are made for the purpose of forming a business limited liability company under the laws of the State of Florida.


Dated: September 5th, 2006



Signature of Organizer

NORMAN BOWEN

Printed Name of Organizer



Signature of Organizer

REGINE BOWEN

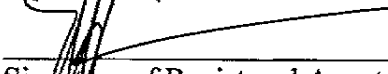
Printed Name of Organizer

Signature of Organizer

Printed Name of Organizer

I acknowledge my appointment as registered agent of this limited liability company and accept the appointment.

Dated: September 5th, 2006



Signature of Registered Agent

NORMAN BOWEN

Printed Name of Registered Agent

State of Florida
County of Seminole

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