

L06000093179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

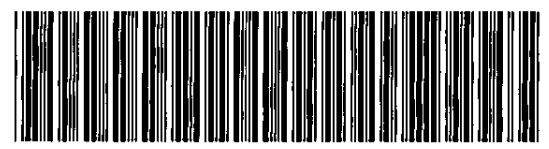
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer  
*9/22*

Office Use Only



900079569819

09/22/06--01009--014 \*\*160.00

**EFFECTIVE DATE**  
9/22/06

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 SEP 22 PM 12: 40  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

**FILED**  
06 SEP 22 PM 12:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIO BLOWNT STREET 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:

PETER S. ROSER  
(Name of Person)

BENCHMARK CONSTRUCTION  
(Firm/Company)

BIO BLOWNT STREET #108  
(Address)

TALLAHASSEE, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

BILLEN BURBACHS at (850) 443-6757  
(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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

310 Blount Street LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

EFFECTIVE DATE  
9/22/06

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

310 Blount Street #108  
Tallahassee, FL  
32301

310 Blount Street #108  
Tallahassee, FL  
32301

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.)

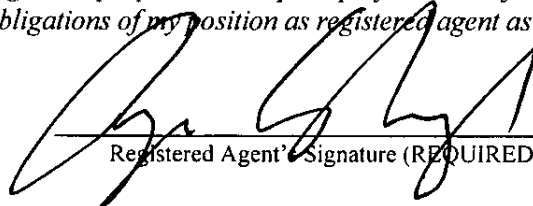
The name and the Florida street address of the registered agent are:

Buren C. Burchens  
Name

1514 Kuhlacre Drive  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32308  
City, State, and Zip

*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..*

  
Registered Agent's Signature (REQUIRED)

FILED  
06 SEP 22 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

PETER S. ROSEN  
310 BLOWNT ST. #108  
TALLAHASSEE, FL 32308

MGRM

John CORRIGAN BYRNE III

CORRIGAN J. BYRNE III  
310 BLOWNT ST. #108  
TALLAHASSEE, FL 32308

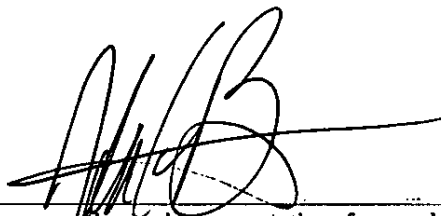
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/22/2006 (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.)

John CORRIGAN BYRNE III

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)

**FILED**  
06 SEP 22 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA