

LD0000098415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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900080301259

EFFECTIVE DATE
10/3/06

10/05/06--01018--006 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT -5 PM 3:31

LISA S. MINSHEW, P.A.
ATTORNEY AT LAW

BAR MEMBER
FL - 1986
CA - 1989
PA - 1985

433 EAST GOVERNMENT STREET
PENSACOLA, FL 32501

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lms@bellsouth.net

October 3, 2006

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Been Done Wrong, LLC

Dear Sir or Madame:

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

Please return all correspondence concerning this matter to the following:

Lisa S. Minshew, Esquire
Lisa S. Minshew, P.A.
433 E. Government Street
Pensacola, FL 32502

For further information concerning this matter please call Cindy Karsnak at 850.434.6859. Enclosed is this firm's check in the amount of \$125.00 for the filing fee.

Sincerely,



Cynthia Karsnak
Sr. Paralegal

/clk
Enclosures
cc: Sharon Byrd

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Been Done wrong, LLC

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

EXPIRATION DATE
10/3/06

ARTICLE II - Address:

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

Principal Office Address:

546 Kidd Road
DeFuniak Springs, FL 32433

Mailing Address:

546 Kidd Road
DeFuniak Springs, FL 32433

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:

Lisa S. Minshew, Esq.

Name

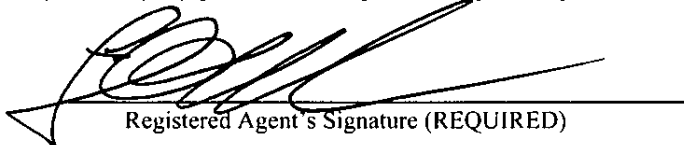
433 E. Government St.

Florida street address (P.O. Box **NOT** acceptable)

Pensacola FL 32502

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)

(CONTINUED)

Page 1 of 2

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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:

MGR

Sharon Byrd

546 Kidd Road

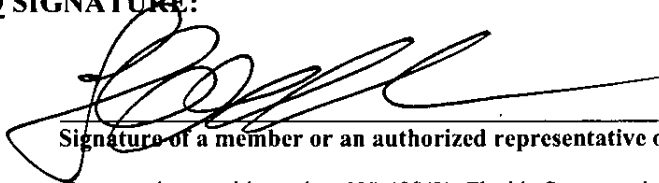
DeFuniak Springs, FL 32433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/3/06 (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.)

Lisa S. Minshew

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)