

Box
64

L060000106510

(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:

Office Use Only

Bonnie Richardson

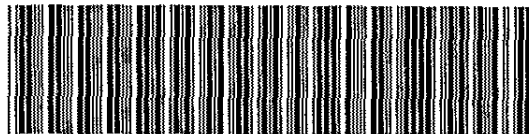
AUTHORIZATION BY PHONE TO

CORRECT Name by adding Associates

DATE 11/03/06 @ 9:28am

DOC. EXAM [Signature]

606A-64922



000081281750

11/01/06--01026--016 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV - 1 PM 1:17

J. BRYAN NOV - 2 2006

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
06 NOV - 1 PM 1:17

SUBJECT: B. L. RICHARDSON & ASSOCIATE, L.L.C.
Name of Limited liability

Enclosed are an original and one (1) copy of the articles of organization and a
Check for {x} \$100.00 ~~{x}~~ \$25.00 { } \$30.00 {x} \$5.00
Filing Fee Designation of Certified Copy Certificate
Registered Agent of Status

Total Check Amount Enclosed {x} \$130.00

FROM: Bonnie L. Richardson & Associate
Name

13800 S. Magnolia Avenue
Address

Ocala, Florida 34473
City, State & Zip Code

(352) 875-6728
Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

FILED STATE
SECRETARY OF CORPORATIONS
06 NOV - 1 PM 1:17

ARTICLE II - Address:

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

Principal Office Address:

55 SW CR 484
OCALA, FL 34473

Mailing Address:

13800 S. MAGNOLIA AVE.
OCALA, FL 34423

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:

BUNNIE L. RICHARDSON
Name

13800 S. MAGNOLIA AVE.
Florida street address (P.O. Box **NOT** acceptable)

OCALA FL 34423
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..

Bunnie L. Richardson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

BUNNIE L. RICHARDSON
13800 S. MAGNOLIA AVE.
OCALA, FL. 34473

MGRM

JAMES H. SEMON
4000 74TH ST. WEST APT 103
BRADENTON, FL. 34205

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Bunnie L. Richardson
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.)

BUNNIE L. RICHARDSON
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV -1 PM 1:17