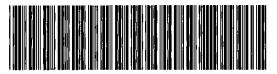
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(F	Requestor's Name)		
(/	Address)		
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((	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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	Office Use Only		



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TO A CHADALEDGE SUFFICIENCY OF FILING

DEPARTMENT OF STATE DIVISION OF CORPORATION

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## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT: BiHinger & Sharp, 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:				
Lorraine Bittinger (Name of Person)				
	(1	Firm/Company)		
1432 G	ireen st.	(Address)		
1432 G Tallah	assee Fl.	32303		
	/ (City/	State and Zip Code)		
For further information co	ncerning this matter, please of	call:		
Lorraine Bit	Hinger Person)	at ( <u>850</u> ) <u>509</u> (Area Code & Daytime Te	-1.552 lephone Number)	
Enclosed is a check for	the following amount:			
	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
1432 Green ST.	1432 Green 5	<u> </u>		
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:				
Lorraine Bittinger				
1432 Green 5T. Florida street address (P.O. Box NOT acceptable)				
Tallahasser, FL 32303 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 Signat	ure (REQUIRED)	07 FEB SECRETA		
(CONTIN Page 1 of 2		TARY OF ASSEE, F		

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	Lorraine Bittinger 1432 Green ST Vallahasser, F1 32303
mgRM.	Robbie Sharp 2379 Tuscavilla Rd. Tallahassee, Fl 82312
·	
<del></del>	
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

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.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)