# 607000068929

(Re	equestor's Name)	
(Ad	idress)	
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(Ci	ty/State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

MIPELLIVE MAILS

Évelyn Noël - Accountant

### MEMBER NATIONAL ASSOCIATION OF PUBLIC ACCOUNTANTS

3711 TROUT RIVER BLVD. JACKSONVILLE, FLORIDA 32208 TELEPHONE 768-6486

June 27, 2007

State of Florida Corporation Division P O Box 6327 Tallahassee, Florida 32314

re: BB Construction LLC

## Gentlemen:

Enclosed are the Articles of Organization for the above mentioned newly formed Limited Liability Company. Please if your office has any questions please feel free to call me at 904-768-6486. Thanking you in advance.

Sincerely,

Evelyn Noel

1 JUN 29

PMI2: 3 OF STATE E. FLOCIO

cc; file

# COVER LETTER

TO: Registration Division of (					
SUBJECT: BB	Construction I. (Name of Limi	LC led Liability Company)			·
	of Organization and fee(s) are	_			
Please return all corre	spondence concerning this mat	ict to the totaliandis.			
Ev	elyn Noel	(Name of Person)		<del></del>	-
Eve	lyn Noel Accountant	(Firm/Company)			· 4 .
371	I Trout River Blvd			76. 23	
		(Address)			
Jael	ksonville Florida 32	2208		蜀星	
4-5		/State and Zip Code)		\$5E	1
For further information	concerning this matter, please	call:		ZOOT JUN 29 PM 12: 35 PRECRETARY OF STATE	
Fvelyn Nog	<u></u>	al ( <u>904</u> ) <u>768–648</u>	6		
(Name	of Person)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check for	or 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 Corporation Clifton Building 2661 Executive Center Tallahassec, FL 32301	is	,	V Poznac I

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:					
BB Construction LLC  (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 pri	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3711 Trout River Blvd  Jacksonville Florida 32208  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	red Agent. You must designate an individual or another 10				
Darryll Lucas Name					
3711 Trout River Blvd Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)				
City, State, an					

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

7-1-07

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Meml  Manager	Darryll Lucas
	the state of the s
	435 Cameron Street  Daytona Beach, Florida 32114
Member	Dewitt Lucas
	2015 Figaro Lane
	Jacksonville Florida 32210
Analysis	
	· · · ·
	70 8
errice group of the transfer o	2001 JUN 29 SECRETARY TALLAHASSI
(Use attachment if necessary)	
(If an effective date is listed, the date i	nan the date of filing: 7-1-2007 (OPTIONAL) or specific and cannot be more than five business days if for S
to or 90 days after the date of filing.)	
no or 90 days after the date of iming.)  REQUIRED SIGNATURE:	,

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

Darryll Lucas
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury