

**LD7000077901**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

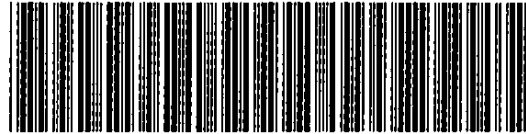
(Document Number)

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

Special Instructions to Filing Officer:

DB

Office Use Only



100106728391

07/27/07--01017--005 \*\*125.00

**FILED**

07 JUL 27 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 7-24-07

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: BBS DESIGN AND CONSTRUCTION CO. 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:

Salvatore E. Bologna

(Name of Person)

BBS DESIGN AND CONSTRUCTION

(Firm/Company)

P.O.Box 410944

(Address)

Melbourne Fl. 32941-0944

(City/State and Zip Code)

07 JUL 27 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Salvatore E. Bologna

(Name of Person)

at ( 561 ) 762-2823

(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:

BBS DESIGN AND CONSTRUCTION CO. LLC.

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

380 Commerce Parkway

Rockledge Fl. 32955

**Mailing Address:**

P.O. Box 410944

Melbourne FL 32941-0944

**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:

Patricia E. Bologna - Garagozlo

Name

3903 Postridge Trail

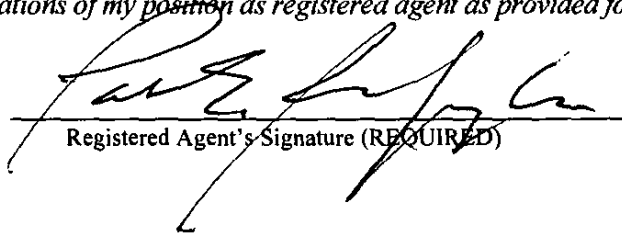
Florida street address (P.O. Box **NOT** acceptable)

Melbourne FL 32934

City, State, and Zip

FILED  
07 JUL 27 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

EFFECTIVE DATE

7-24-07

**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

Salvatore E. Bologna

P.O.Box 410944

Melbourne Fl 32941-0944

MGRM

Jim Spellman

P.O.Box 410944

Melbourne Fl 32941-0944

MGRM

Jovan Barzelatto

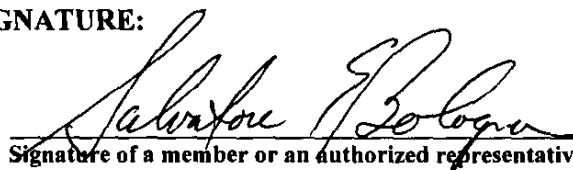
P.O.Box 410944

Melbourne Fl 32941-0944

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 24, 2007. (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.)

SALVATORE E. BOLOGNA  
Typed or printed name of signee

**FILED**  
07 JUL 27 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)