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| (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: |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: BNN Enterprises 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: **Barrett Nugent** (Name of Person) **BNN Enterprises LLC** (Firm/Company) 2250 Alton Rd (Address) Deltona FL 32738 (City/State and Zip Code) For further information concerning this matter, please call: Barrett Nugent (Name of Person) Enclosed is a check for the following amount: \$160.00 Filing Fee, ■\$155.00 Filing Fee & \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

| ARTICLES OF ORGANIZATION FOR | R FLORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: The name of the Limited Liability Compan | y is: Liability Company, "L.L.C.," or "LLC.") |
| BNN Enterprises 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 | he principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2250 Alton Rd | 2250 Alton Rd |
| Deltona FL 32738 | Deltona FL 32738 |
| | |
| | tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |
| The name and the Florida street address of | the registered agent are: |
| Joe Nugent | |
| | lame |
| 2250 Alton Rd | |
| | et address (P.O. Box NOT acceptable) |
| Deltona, Fl, 3273 | 8 _{FL} |
| City, S | tate, and Zip |
| liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple | d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S |

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGR | Barrett Nugent | |
|--|--|-------------|
| | 2250 Alton Rd. Deltona FL, 32738 | |
| | | |
| | | 0700737 |
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| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| LF.V: Effective date, if other than the | e date of filing: (0 | OPTIONAL) |
| ffective date is listed, the date must b | be specific and cannot be more than five but | |
| days after the date of filing.) | | |
| | | |
| REQUIRED SIGNATURE: | | |

(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.)

Barrett Nugent

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)