108000009445

(Requestor's	Name)
(Address)	
(Address)	,
(City/State/Zip	o/Phone #)
PICK-UP W	AIT MAIL
(Purison Fr	Lib. N. San a
(Business En	ity Namej
(Document N	umber)
Certified Copies Cert	tificates of Status
Special Instructions to Filing Office	per:
W08000031.	35~

Office Use Only

EFFECTIVE DATE 1-2608



500113386345

01/17/08--01022--023 **125.00

FILED

08 JAN 28 PM 4: 4.9

SECRETARY OF STATE
AND ANASSEE, FLORID.

D. BRUCI

JAN 28 2003

EXAMINE

COVER LETTER

·
TO: Registration Section Division of Corporations
SUBJECT: BBOOD Construction 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:
Grea Bricking
(Name of Person)
BBOOD COnstruction LLC
(Firm/Company)
- 1344 Grandpointe Place
(Addless)
rensacola, 7L 32514
(City/State and Zip Code)
For further information concerning this matter, please call:
(a Day 1,100 SSA 281 A118
(Name of Person) (Area Code & Daytime Telephone Number)
(Maine of Telson)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

08 JAN 28 PH 4: 50



January 18, 2008

GREG BRICKING 4344 GRANDPOINTE PLACE PENSACOLA, FL 32514

SUBJECT: BBALL CONSTRUCTION LLC

Ref. Number: W08000003135

We have received your document for BBALL CONSTRUCTION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 17, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 108A00004104

08 JAN 28 PH 4: 50
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	\mathbf{C}	L	\mathbf{E}	I	_	ľ	١	am	e	:
---	---	---	---	--------------	---	--------------	---	---	---	---	----	---	---

The name of the Limited Liability Company is:

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

Mailing Address:

ARTICLE II - Address:

Principal Office Address:

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

	stered Agent, Registered Office, & Registered Agent any cannot serve as its own Registered Agent. You must designate an indige Florida registration.)			
The name and the Flor	rida street address of the registered agent are: Name Name Plorida street address (P.O. Box NOT acceptable)	SECRETARY OF STATALLAHASSEE, FLOR	08 JAN 28 PH 4:	

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 (REOUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE 1-2408

ADTICT F	TV-	Manageri	a) or	Manacine	Member(s):
AKIICLE	T A -	TATOM OF CO.	a, ui	**************************************	(Alcinber(2))

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Mame and Address:
Marm	Grea Brickna 4344 analognije Plane Rensanda EL 32514
MGR M	Charles Homas 43-1-1 Grand points Place Renswelle FL 32-514
·	
(Use attachment if necessary ARTICLE V: Effective date, if of (If an effective date is listed, the date of filing the date of the date of filing the date of filing the date of filing the date of the date of filing the date of the date	her than the date of filing: $\frac{12608}{100000000000000000000000000000000000$
<u>REQUIRED</u> SIGNATUI	RE:
(In accord of this do	dance with section 608.408(3), Florida Statutes, the execution SAR current constitutes an affirmation under the penalties of perjum facts stated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)