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T. CLINE

FEB 19 2008

EXAMINER

3.1.08

COVER LETTER

Division of Corporation	ons	
_{SUBJECT:} BJNDesigi	ns, LLC.	
SOBILET.	•	ed Liability Company)
The enclosed Articles of Organi	zation and fee(s) are	submitted for filing.
Please return all correspondence	concerning this mate	ter to the following:
Billy Nelson		
		(Name of Person)
BJNDesigns,	LLC.	
		(Firm/Company)
2550 SE Victo	ory Ave	ا د مینان
		(Address)
Port St. Lucie	, FL 34952	•
	(Cit	y/State and Zip Code)
For further information concerni	ing this matter, please	e call:
Billy Nelson		at (772) 349-3740
(Name of Person	n)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount:	
\$125.00 Filing Fee \$\sum \$130 \text{Cert}\$	0.00 Filing Fee & ificate of Status	S155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	ing Address tration Section ion of Corporations Box 6327 hassee, 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:	
BJNDesigns, LLC. (Must end with the words "Limited Liabili	tr Company "LLC " or "LLC")
•	ly Company, L.L.C., or LLC.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2550 SE Victory Ave	2550 SE Victory Ave
Port St. Lucie, FL 34952	Port St. Lucie, FL 34952
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
Billy Nelson	/e ress (P.O. Box NOT acceptable) 34952
Name	AHASSE
2550 SE Victory Av	<u>/e </u>
Florida street address (P.O. Box NOT acceptable)	
Port St. Lucie, FL 3	ress (P.O. Box NOT acceptable)
City, State, and	ıd Zip
Uming bon named as notinened as not and to a	essent samiles of puseens for the above stated limited

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)

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(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Billy Joe Nelson
	2550 SE Victory Ave
	Port St. Lucie, FL 34952
MGRM	Kristine Salica Nelson
	2550 SE Victory Ave
	Port St. Lucie, FL 34952
****	*****
(Use attachment if necessary)	
(Osc attachment if necessary)	
	the date of filing: March 1, 2008 (OPTIONAL)
	st be specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	SECH SECH SECH
	AHAN FEB
REQUIRED SIGNATURE:	SRY 8
(\	(MC)
Y E	Delson Es D
Signature of a me	ember or an authorized representative of a member.
-	
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
li A	V. T. Nelson
	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)