10800041977

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	<u>·</u>			
PICK-UP WAIT MAIL				
· (Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
	ľ			
· .				

Office Use Only



800125001718

04/25/08--01023--014 **125.00

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

APR 2 8 2008

EXAMINER

COVER LETTER

TO:

Registration Section

. Division of Co	rporations					
SUBJECT: BUSIN	ESS ENTERPRIS	SE PARK LLC				
(Name of Limited Liability Company)						
The enclosed Articles of	Organization and fee(s) are	submitted for filing.				
Please return all correspo	ondence concerning this matt	er to the following:	•			
PAUL FRA	LEIGH					
		(Name of Person)				
		(Firm/Company)	O8			
		(Address)	APR 25			
TAMPA FL	. 33626					
	(Cit	y/State and Zip Code)	3: 17 STALE ORIDA			
For further information c	oncerning this matter, please	call:	–			
PAUL FRALEIGH		at (813) 927-548	33			
(Name	of Person)	(Area Code & Daytime Te	lephone 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BUSINESS ENTERPRISE PARK L	TC
(Must end with the words "Limited Liabil	
APPLOID II Address	
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12018 MARBLEHEAD DRIVE	12018 MARBLEHEAD DRIVE
TAMPA, FL 33626	TAMPA, FL 33626
ARTICLE III - Registered Agent, Registered	l Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	
business entity with an active Florida registration.)	≥
	registered agent are:
The name and the Florida street address of the r	registered agent are:
PAUL FRALEIGH	
Name	F-(c)
·	55 th

Florida street address (P.O. Box <u>NOT</u> acceptable)
TAMPA FL 33626

FI

City, State, and Zip

12018 MARBLEHEAD DRIVE

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)

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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ . (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 perjurthat the facts stated herein are true.)

PAUL FRALEIGH

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)