L08000059229

(Requestor's Name)		
(Address)		
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. (City/State/Zip/Phone #)		
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
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05/29/08--01013--017 **125.00

Effective Date 05/21/08

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08 NAY 29 AN ID: 08

SECRETARY OF STATE
TALLAHASSEF ET OBINA

T. HAMPTON

JUN 17 2008

EXAMINER

COVER LETTER

TO: Registration Solution of Con			
SUBJECT:	BP, LLC (Name of Limited I	iability Company)	
The enclosed Articles of	Organization and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
_ DAV1	D William Va	ne of Person)	
	TBP, LLC	m/Company)	
845	ELLEN ST.		
		(Address)	
Ferna	ndina Beach	1 Fl. 32 ate and Zip Code)	035
For further information of	concerning this matter, please ca	l:	
DAUM W. U.	of Person)	(<u>904</u>) <u>556</u> (Area Code & Daytime Tele	9201 phone Number)
Enclosed is a check fo	r 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 C Tallahassee, FL 32301	ircle



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 JUN 1 6 AM 10: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 30, 2008

DAVID WILLIAM VOORHEES 845 ELLEN ST FERNANDINA BEACH, FL 32035

SUBJECT: T B P. LLC

Ref. Number: W08000026541

We have received your document for T B P, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is J19899 (T.B.P., INC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Division of Cornerations PO ROY 6397 Tellahassee Florida 39314

Letter Number: 908A00033980

Effective Date 05/21/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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:	Mailing Address:
845 ELIEW ST	PO. BOX 18524
Fernandina Beach 19	Fernandina Beach Fl.
22034	32035
,	

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:

MAJUEN CHUAT	VORHESS
Name	
845 ELLEN ST.	
Florida street addre	ess (P.O. Box NOT acceptable)
Fernanding Boach	FL 32034
City, State, and	

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 FILED

08 MAY 29 AN IO: 08

SECRETARY OF STATE
TALLAHASSEF FLOOR

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:
MGR	DAVID WILLIAM Utorhecs PO. Box 15524 Fornandina Brock Fl. 32035
(Use attachment if necessary) LE V: Effective date, if other than the	date of filing: NAY 21.4 2008. (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: NAY 21th 2008. (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.)

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)

08 MAY 29 AN IO: 08
SECRETARY OF STATE