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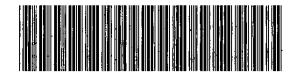
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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EXAMINER



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COVER LETTER

	egistration Section ivision of Corporations		. ,
SUBJECT	. BLiNG-a-BiLLY, LLC		
SOBJECT		ted Liability Compa	uny)
The analos	sed Articles of Organization and fee(s) are	submitted for filing	
	-		
Please retu	rn all correspondence concerning this ma	tter to the following	:
G	eorge Belloni		
		(Name of Person)	
В	LiNG-a-BiLLY, LLC		
		(Firm/Company)	
37	73 Valverde Lane		
		(Address)	
Sa	aint Augustine, FL 32086		
	(Ci	ity/State and Zip Code)
For further	information concerning this matter, pleas	se call:	
Georg	e Belloni	at (904	540-3403
(Name of Person) (Area Code & Daytime Telephone Number)			& Daytime Telephone Number)
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	cy Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding ocutive Center Circle ee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Comp	any is:		
BLiNG-a-BiLLY, LLC			
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of	f the principal office of the Limited Lia	ability Company is	:
Principal Office Address:	Mailing Address:		
373 Valverde Lane	373 Valverde Lane		
Saint Augustine, FL 32086	Saint Augustine, FL 32086		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.) The name and the Florida street address of the Nicole Breton	wn Registered Agent. You must designate an indivi		いの名が
	Nama	. \odot	_

Name

631 Queen Road

Florida street address (P.O. Box NOT acceptable)

Saint Augustine, FL 32086

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as 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:

MGRM	George Belloni,	
	373 Valverde Lane	
	St. Augustine, FI 32086	
MGRM	Steven Craig Hand	
	1804 Enterprise Ave	
	St. Augustine, FI 32092	
	<u> </u>	<u> </u>
		
(Use attachment if necessary)		
LE V. Effective date if other than t	he date of filing: (OF	TIONA

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.)

George Belloni

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

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

\$ 5.00 Certificate of Status (Optional)