

W08000078057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

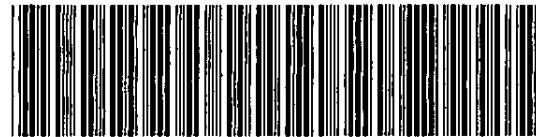
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500133444575

08/13/08--01013--012 \*\*130.00

FILED

2008 AUG 13 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

AUG 14 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BSB Enterprises, LLC.

(Name of Limited Liability Company)

COPIES OF THIS DOCUMENT ARE PROVIDED FOR YOUR INFORMATION

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert A. Bokavich

(Name of Person)

BSB Enterprises, LLC.

(Firm/Company)

PO Box 970007

(Address)

Coconut Creek, Florida 33097-0007

(City/State and Zip Code)

2003 AUG 13 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert A. Bokavich

(Name of Person)

at 954 914-2137

(Area Code & Daytime Telephone Number)

FILED

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 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:

**BSB Enterprises, LLC.**

(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:**

5703 NW 69 Way

Parkland, Florida 33067

**Mailing Address:**

PO Box 970007

Coconut Creek, Florida 33097-0007

### 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:

**Brian Lynn, C.P.A.**

Name

**2 S. University Drive , 215**

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

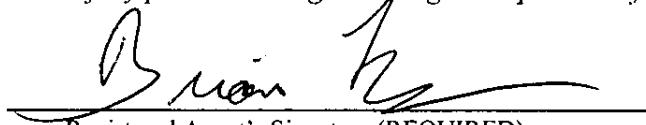
**Fort Lauderdale, FL 33324**

City, State, and Zip

2008 AUG 13 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
FLORIDA  
CORPORATION  
COMMISSION

*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

**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

Robert A. Bokavich

5703 NW 69 Way

Parkland, Florida 33067

(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.)**

2008 AUG 24 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**



Robert A. Bokavich  
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.)

ROBERT A. BOKAVICH

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)**