

L08000082229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

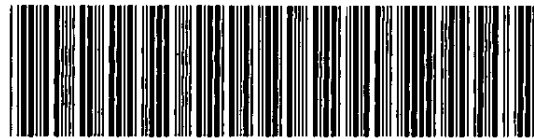
(Document Number)

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**CAREY, O'MALLEY, WHITAKER & MUELLER, P.A.**

ATTORNEYS AT LAW

712 SOUTH OREGON AVENUE  
TAMPA, FLORIDA 33606-2516

RICHARD B. CAMPBELL  
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\*BOARD CERTIFIED IN CONSTRUCTION LAW

August 18, 2008

Corporate Records Bureau  
Division of Corporations  
Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: B & T LLC

To Whom It May Concern:

Enclosed for processing are an original and one copy of Articles of Organization for B & T LLC. Please file the original and certify and return the copy to me.

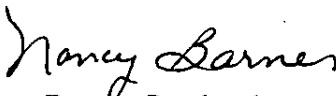
Also enclosed is a check in the amount of \$125.00 to cover the following costs:

|    |                                 |                 |
|----|---------------------------------|-----------------|
| 1. | Filing fee                      | \$100.00        |
| 2. | Designation of Registered Agent | <u>25.00</u>    |
|    | <b>Total</b>                    | <b>\$125.00</b> |

Thank you. If you have any questions, please give me a call.

Sincerely,

CAREY, O'MALLEY, WHITAKER & MUELLER, P.A.

  
Nancy Barnes, Paralegal

NRB/lmc  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: B & T PASCO LLC**  
(Name of Limited Liability Com

3 pages / Aug. 28, 2008

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

Please return all correspondence concerning this matter to the following:

**Nancy Barnes, Paralegal**

(Name of Person)

**Carey, O'Malley, Whitaker & Mueller, P.A.**

(Firm/Company)

**712 South Oregon Avenue**

(Address)

**Tampa, FL 33606**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Nancy Barnes, Paralegal**

(Name of Person)

at ( **813** ) **250-0577**

(Area Code & Daytime Telephone 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2008

CAREY, O'MALLEY, WHITAKER, MUELLER, P.A.  
712 SOUTH OREGON AVENUE  
TAMPA, FL 33606-2516

SUBJECT: B & T LLC  
Ref. Number: W08000039525

We have received your document for B & T 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return 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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 908A00047321

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**B & T PASCO 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:**

6105 Memorial Highway Suite G

Tampa, Florida 33615

**Mailing Address:**

6105 Memorial Highway Suite G

Tampa, Florida 33615

**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:

**Andrew M. O'Malley**

Name

**712 South Oregon Avenue**

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

**Tampa, Florida 33606 MGR**

City, State, and Zip

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TALLAHASSEE FLORIDA

*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

Richard B. Maestrelli

6105 Memorial Highway Suite G

Tampa, Florida 33615

MGRM

Antonio Leon

6105 Memorial Highway Suite G

Tampa, Florida 33615

MGRM

Teresa L. Maestrelli

6105 Memorial Highway Suite G

Tampa, Florida 33615

MGRM

Beatrice A. Leon

6105 Memorial Highway Suite G

Tampa, Florida 33615

(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 perjury that the facts stated herein are true.)

Richard B. Maestrelli

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)

**FILED**  
08 AUG 28 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA