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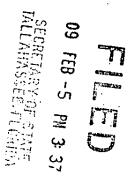
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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S. HAWKES
FEB 0 6 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT. Bam Bam Renovations	s & More
SUBJ	DC1.	mited Liability Company)
The en	nclosed Articles of Organization and fee(s) a	are submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
	Brian Corsaro	
		(Name of Person)
	Bam Bam Renovations & I	More
		(Firm/Company)
	462 NW 36 Ave	
		(Address)
	Gainesville, Florida 3	2609
	(((City/State and Zip Code)
For fu	rther information concerning this matter, ple	ease call:
	n Corsaro	
	(Name of Person)	at (352) 339-1983 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
	.00 Filing Fee & Certificate of Status	
	Mailing Address Registration Section Division of Corporation 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:	
Bam Bam Renovations & More L.I (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Bam Bam Renovations & More	Bam Bam Renovations & More
Gainesville, Florida 32609	462 NW 36 Ave Gainesville, Florida 32609
business entity with an active Florida registration.) The name and the Florida street address of the r Brian Corsaro Name	egistered agent are:
462 NW 36 Ave	
Florida street add	lress (P.O. Box NOT acceptable)
Gainesville, Florida	a _{FI} 32609
City, State, a	ınd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete peaccept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Bur Cana	
Registered Agent's Signat	ure (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:

MGR	MGR	Brian Corsaro		
		462 NW 36 Ave		
		Gainesville, Florida 32609	_	
	_		<u> </u>	
			_	
			_	
	_			
			_	
	_			
			_	
				
(Use attachment if	necessary)			
TOTAL FOR A' 1		1. (0)		
ICLE V: Effective da	ite, if other than the	e date of filing: (OPT	IONAL	
90 days after the date		be specific and cannot be more than five busine	ss days	

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.)

Brian Corsaro

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)