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G. MCLEOD

MAY 20 2009

**EXAMINER** 



600155333616

05/05/09--01014--004 \*\*125.00

## **COVER LETTER**

	on Section f Corporations		
SUBJECT:	В. А. Н	limes Enterprises LLC	
		ited Liability Company	
The enclosed Articl	es of Organization and fee(s) are	e submitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	E	Bruce A. Himes  Name of Person	
		Name of Person	
<del></del>		Firm/Company	
1010 West Line Street			
		Address	
		esburg, FL 34748	
		ity/State and Zip Code	
	E-mail address: (to be used	terpriseslic@comcast.net for future annual report notification)	
For further informat	ion concerning this matter, pleas	se call:	
	uce A. Himes	_at (352)460-4021	
Na	ame of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
<b>∑\$125.00</b> Filing Fe	ce \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 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

R A Hime	mpany is: es Enterprises LLC.	
(Must end with the words "L	imited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	s of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	<b>Mailing Address:</b>	
1010 W. Lino St	1010 W. Line St.	
1010 W. Line St. Leesburg, FL		
34748		
The name and the Florida street addre	AVH 60	
	Name	<del>-</del> 9
1	010 W. Line St.	P .
	ddress (P.O. Box NOT acceptable)	
	Leesburg FL 34748	<b>5</b>
]	110 3070	257
	City, State, and Zip	

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Bruce A. Himes 1010 W. Line St. Leesburg, FL 34748
MGRM	Brenda J. Sorrell 1010 W. Line St. Leesburg, FL 34748
(Use attachment if necessary)  RTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
an effective date is listed, the date must be or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a memb	er or an authorized representative of a member.
(In accordance with se	extion 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Filing Fees:	Bruce A. Himes  yped or printed name of signee
\$125 00 Filing Fee for Articles of Own	spinsting and Design day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)