# L09000122633

(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:		
M89 6357 \$ 671		



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ZOUS DEC 29 AM 9: 45
SECRETARY OF STATE
TALLAHASSEE, FI TOBIE,

M. THOMAS

DEC 2 9 2009

EXAMINET

P08. 80740 LV9. 122633

Office Use Only

W9-54683

# **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:		inment Management, L	LC
	Name of Limit	ed Liability Company	
	of Organization and fee(s) are	-	
Please return all corre	espondence concerning this mat	ter to the following:	
	В	arbara Berger	
		Name of Person	
<del></del> <u>-</u>		Firm/Company	<del></del>
	6088	NW 118th Drive	
		Address	· · · · · · · ·
	Coral Si	orings, Florida 33076	
		ty/State and Zip Code	<u> </u>
		pplano@aol.com	2009 DEC 29 SECALTARY ALLAMASSE
	E-mail address: (to be used	for future annual report notification)	
For further information	on concerning this matter, pleas	e call:	m <sub>C</sub>
Paul !	Moore, Esq.	at ( 954 ) 66	3-9633
Nan	ne of Person	Area Code & Daytime Teleph	3-9633 Op. 55
Enclosed is a check	for the following amount:		·
\$125.00 Filing Fee	\$\Bigsize \frac{1}{3}\$130.00 Filing Fee & Certificate of Status	Certified Copy	\$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 Cir Tallahassee, FL 32301	rcle



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2009

BARBARA BERGER 6088 NW 118TH DRIVE CORAL SPRINGS, FL 33076

SUBJECT: BNB MANAGEMENT, LLC

Ref. Number: W09000054683

We have received your document for BNB MANAGEMENT, LLC and your check(s) totaling \$160.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P08000080740.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 309A00038387

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A TO	TICT	e i	NT.	
AK	TICL	.H. I	- Ns	ame:

The name of the Limited Liability Company is:

Adding Proci

MC TO ROOTING	
(Must end with the words "L	imited Liability Company," "L.L.C.," or "LLC.")
A CHOCK ACT OF ST. A. M. M	
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	<u>Mailing Address:</u>

***************************************	
4083 24th St SW 4033 24th St SW behigh Acres, Fh 33976 Lehigh Acres, Fh	
33976	
( ) - m	
4033 24 <sup>th</sup> 5t SW Florida street address (P.O. Box NOT acceptable) Lehigh Acces FL 33976	<b>~</b>
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 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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	Benjamin A. Adkison		
	4033 24th St SW		
	Lehigh Acres, FL 33976		
MGRM	Richard Allen Poulston		
	4033 24th St SW		
	Lehigh Acres, FL 33976		
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		A PE	77
		SSE 25	
		<u> </u>	<u> </u>
	<del></del>		1,
(Use attachment if necessary)		11 52 08106	المسيا
(Obe attachment in necessary)		P N	

ARTICLE V: Effective date, if other than the date of filing: 0 - 0 - 20i0. (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.)

Benjamin A. Adkison

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)