# W09000122680

(Requestor's Name)					
(Address)					
(* taa1555)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
- 0 ( ) 1					
189 611					

W09-55691 1 NA-122680



700163716047

12/23/09--01022--021 \*\*160.00

M. THOMAS

DEC 2 9 2009

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Division of C				
SUBJI	ECT:	Adki	son Roofing L.L.C		
		Name of Limit	ed Liability Company		
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	spondence concerning this mat	ter to the following:		
		Benj	amin A. Adkison	·····	
Name of Person					,
		Adkis	on Roofing L.L.C.		
			Firm/Company		
		40	33 24th St SW		
			Address		
			h Acres, FL 33976 cy/State and Zip Code		
			ofing@embarqmail.com	E SE	273
•	·····	E-mail address: (to be used to	for future annual report notification)	HE	<u> </u>
For fur	ther information	n concerning this matter, please	e call:	ARY OF	2049 DEC 29 AM
		nin A. Adkison	_ === /	96-0421	
	Name	e of Person	Area Code & Daytime Tele	phone Number	: 52
Enclos	sed is a check t	for the following amount:			•
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	[]\$160.00 Filing Certificate of S Certified Copy (additional copy is	tatus &
		Mailing Address Registration Section	Street/Courier Address Registration Section	•	
		Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporation Clifton Building 2661 Executive Center		

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 24, 2009

BENJAMIN A. ADKISON 4033 24TH ST. SW LEHIGH ACRES, FL 33976

SUBJECT: ADKISON ROOFING L.L.C.

Ref. Number: W09000055691

We have received your document for ADKISON ROOFING L.L.C. 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 registered agent must sign accepting the designation.

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: 909A000391393

的DEC 29 AM II: 5:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BNB Entertainment Ma	nagement, LLC
(Must end with the words "Limited Liabil:	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Barbara Berger	Barbara Berger
6088 NW 118th Drive	6088 NW 118th Drive
Coral Springs, Florida 33076	Coral Springs, Florida 33076
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another egistered agent are:
Barbara B	Berger HAS
Name	
6088 NW 11	
Florida street address (P.O.	Box NOT acceptable)
Coral Springs, 33076	FL 55
City, State, a	nd Zip
Having been named as registered agent and to a	accept service of process for the above stated limited

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" = Manage "MGRM" = Manage		Name and Address:							
MGRM		Barbara Berger 6088 NW 118th Drive Coral Springs, Florida 33076							
	_								
	_		2089 DEC 2 SEURETAR TALLIAHASS	T					
(Use attachment i	f necessary)		9 AM 9: CY OF STAI SEE. FLDR						
ARTICLE V: Effective d (If an effective date is list to or 90 days after the da	ed, the date must be sp	e of filing:ecific and cannot be more than fi	OPTION ve business da						
REQUIRED SIGNATURE: Barfan Berger									
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.)									
Filing Fees:		Barbara Berger or printed name of signee		·					

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)