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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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SECRETARY OF STATE
SECRETARY OF FLORIDA

J. BRYAN

JAN 2 1 2009

EXAMINER

COVER LETTER.

TO:	Registration Division of C								
SUBJI	ECT:	Bunes	s Ente	rprise	s, L.L.C) ,			
	 	Name of Limit	ted Liabili	ity Comp	any				
The en	closed Articles	of Organization and fee(s) are	submitted	l for filin	g.				
Please	return all corres	spondence concerning this mat	ter to the	following	3:				
		De	enise L.	Bunes	8				
			Name of	Person					
		Buness	s Enterp	orises, I	L.L.C.			SE	<u>á</u>
			Firm/Co	mpany				CRE	<u> </u>
	2401 Stanford Rd., #808				TAR	10 JAN 20, PH 1: 2			
			Addr	¢58				EE OF	子
		Pana	ma City	, FL 32	2405			FLO	
			ty/State and	 			·····		-20
		d.bu	ness@	yahoo.	com		···		
5		E-mail address: (to be used		ппикі гер	ort nouncau	on)			
ror tur	ther information	n concerning this matter, pleas	e call:						
		ise Buness		850)		-2392		
	Name	e of Person		Area Cod	& Daytime	Telepho	ne Number		
Enclos	ed is a check i	for the following amount:		-					
]\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	ified Co	ng Fee & py y is enclosed	u) C	ertified C	of Status &	,
						(i	echinolisi CC	ppy is enclos	ou)
		Mailing Address Registration Section			ourier Add ion Section	1682			
		Division of Corporations		Division	of Corpora	tions			
		P.O. Box 6327 Tallahassee, FL 32314			suilding secutive Cen sec, FL 323		ic		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Company	' is:					
Buness Enterprises, L.L.C. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")						
times one will die words Emilieur	monthly company, D.D.O., O. D.O.,					
ARTICLE II - Address:						
The mailing address and street address of th	e principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
2401 Stanford Rd., #808	2401 Stanford Rd., #808					
Panama City, FL 32405	Panama City, FL 32405					
business entity with an active Florida registration.) The name and the Florida street address of t	the registered agent are:					
	ame AR F 10					
	iford Rd. #808					
Florida street address ((P.O. Box NOT acceptable)					
Panama City, FL 32	405 FL 755					
City, Sta	ate, and Zip					
liability company at the place designated	I to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as					
registered agent and agree to act in this cap	acity. I further agree to comply with the provisions of all					
	te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S					
Registered Agent's S	Scuess ignature (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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Denise L. Buness 340/ Stanford Rd. #808 Panama City, FL 32405 (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.) enise Swness 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)