

L10000048258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

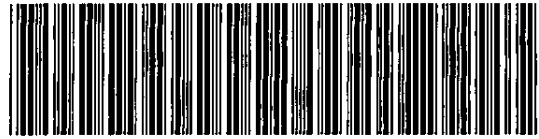
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/05/10--01002--024 . **130.00

Effective Date 05/02/10

FILED
10 MAY -4, PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -5 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: O'B I & F LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian O' Brien

Name of Person

O'B I & F- Inc.

Firm/Company

2401 Gretchen Ave Unit A

Address

Lehigh Acres Florida 33973

City/State and Zip Code

Obinf2010@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian O' Brien

Name of Person

at (239)

895-4415

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

O'B I & F LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2401 Gretchen Ave Unit A

Lehigh Acres FL 33973

Mailing Address:

2401 Gretchen Ave Unit A

Lehigh Acres FL 33973

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Effective Date 05/02/10

Brian O' Brien

Name

2401 Gretchen Ave Unit A

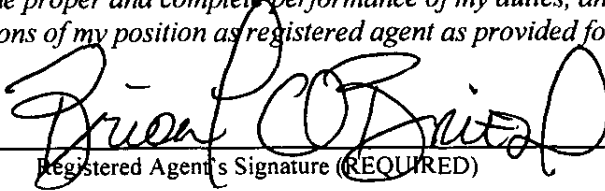
Florida street address (P.O. Box **NOT** acceptable)

Lehigh Acres

FL 33973

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)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Brian O' Brien

1214 Archdale St

Lehigh Acres FL 33936

MGRM

Mariana DeLaCruz

1214 Archdale St

Lehigh Acres FL 33936

MGRM

Dale R Smith

6961 Cadet Ave

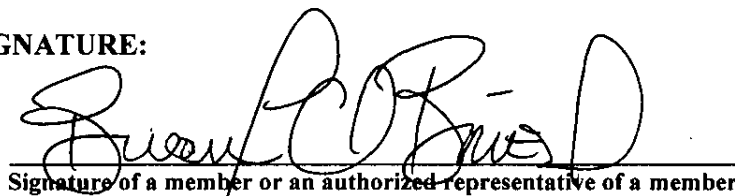
Fl Myers FL 33905

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 02, 2010. (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.)

Brian O'Brien

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA