11000052177

(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:						

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G. MCLEOD

MAY 14 2010

EXAMINER



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COVER LETTER

	istration S ision of Co						
SUBJECT:	Ву	rd B	Name of Limi	Amusen ted Liability Con	nent	LLC	
The enclosed	Articles of	Organizatio	n and fee(s) are	submitted for fil	ing.		
Please return	all correspo	ondence con	cerning this ma	tter to the followi	ng:		
		W. 1	Indrew 1	Byrd			
				Firm/Company			_
		3702	House	on Rd			
		Talla	hassee Ci	Address FL ty/State and Zip Co at Yaha for future annual re			
For further in		•	dress: (to be used his matter, pleas		port notification)	
W. F	Name o	Byrd of Person		_ at (<u>\$50</u> Area Co		- 8660 elephone Number	
Enclosed is	a check for	r the follow	ing amount:				
]\$ 125.00 Fil	ing Fee		Filing Fee & te of Status	□\$155.00 Fil Certified C (additional co	_	□ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
		P.O. Box 6	n Section f Corporations	Registr Divisio Clifton 2661 E	Courier Addre ation Section on of Corporation Building	ons er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	d Liability Company is:			
Byrd (Must end	Brothers Am with the words "Limited Liabil	usemen 1 LLC ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address The mailing address and		incipal office of the Limit	ed Liability C	ompany i
Principal Office Addre	ess:	Mailing Address:		
3702 Houston Tallahassee, F	Pd 2 32304	Same		
(The Limited Liability Company business entity with an active h	y cannot serve as its own Regist Florida registration.)	l Office, & Registered Agered Agent. You must designate an	gent's Signation individual or and	ure: other
The name and the Florid	da street address of the r William An Name		MAY F4 AHASSE	Francis
	Tallohassee.	ress (P.O. Box <u>NOT</u> acceptable FL 32304 ate, and Zip	AH IS: 29)

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:** member or an authorized representative of a member.

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed dame of signee