

210000095945

(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:

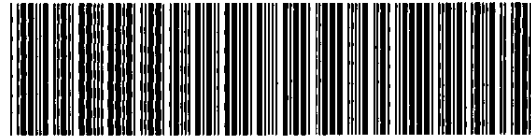
W1-39002

A. LUNT

SEP 14 2010

EXAMINER

Office Use Only



200184054132

200184054132
08/17/10--01014--006 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 10 PM 12:49

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2010

BEAU HERMAN
1033 DUNRAVEN DR.
WINTER PARK, FL 32792

SUBJECT: B B M MR, LTD CO.
Ref. Number: W10000039002

FILED
2010 SEP 10 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for B B M MR, LTD CO. 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 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." Please amend your document accordingly.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 310A00019893

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: B B M MR, Ltd. Liability Co.
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:

Beau Herman

Name of Person

Firm/Company

1033 Dunraven Dr

Address

Winter Park, FL 32792

City/State and Zip Code

asouthernstylemarket@hotmail.com

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

For further information concerning this matter, please call:

Beau Herman

Name of Person

at (321)

948-7979

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

2010 SEP 10 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B B M MR, Ltd Liability Co.

(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:

1033 Dunraven Dr
Winter Park, FL 32792

Mailing Address:

1033 Dunraven Dr
Winter Park, FL 32792

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:

James R Young III

Name

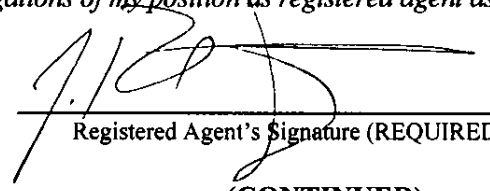
7009 Citrus Point Ct

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

Winter Park, FL , 32792-7500

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)

FILED
2019 SEP 10 PM 12:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Beau Herman

1033 Dunraven Dr

Winter Park, FL 32792

MGR

Mercer Herman

1033 Dunraven Dr

Winter Park, FL 32792

RECEIVED
CLERK OF DISTRICT
JUDICIAL OFFICE
TALLAHASSEE, FLORIDA

2010 SEP 10 PM 12:49

FILED

(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.)

Beau Herman

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)