

L10000 1236 28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

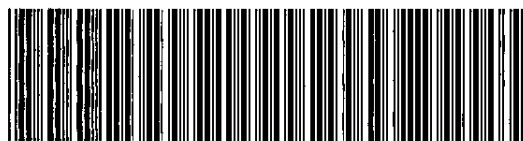
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC -1 PM 4:07

B. KOHR  
DEC - 1 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 17, 2010

DONALD L. YOUNG  
B-D ENTERPRISES LLC  
12003 LILLIAN AVENUE NORTH  
SEMINOLE, FL 33778

SUBJECT: B-D ENTERPRISES LLC  
Ref. Number: W10000053880

FILED  
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DIVISION OF CORPORATIONS  
10 DEC -1 PM 4:08

We have received your document for B-D ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The existing entity with the similar name is B & D ENTERPRISES, LLC -- Document Number L07000041155.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 810A00026938

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **B/D ENTERPRISES OF SEMINOLE 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:

**DONALD L YOUNG**

Name of Person

**B/D ENTERPRISES OF SEMINOLE LLC**

Firm/Company

**12003 LILLIANAVE. N**

Address

**SEMINOLE, FLORDIA 33778**

City/State and Zip Code

**B-DENTERPRISESLLC@GMX.COM**

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

For further information concerning this matter, please call:

**DON YOUNG**

Name of Person

at ( **727** ) **421-2270**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 DEC - 1 PM 4:08

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**B/D ENTERPRISES OF SEMINOLE 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:**

12003 LILLIAN AVE N.  
SEMINOLE, FLORDIA  
33778

**Mailing Address:**

12003 LILLIAN AVE N.  
SEMINOLE, FLORDIA  
33778

**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:

DON L YOUNG

Name

12003 LILLIAN AVE N

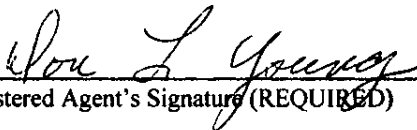
Florida street address (P.O. Box **NOT** acceptable)

SEMINOLE FLORDIA 33778

FL

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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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 DEC - 1 PM 4:08

**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

DONALD L YOUNG

12003 LILLIAN AVE N

SEMINOLE, FLORDIA 33778

MGRM

BERTHA S YOUNG

12003 LILLIAN AVE N.

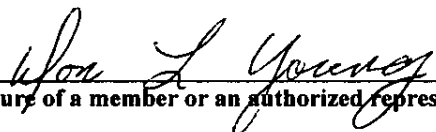
SEMINOLE, FLORDIA 33778

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**DON L YOUNG**

\_\_\_\_\_  
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)**