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EXAMINER
DEC 1 3 2010

COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	FGR 11C	
SUBJECT.	FGB LLC Name of Limited Liability Company	_
	·	
The enclosed Articles o	f Organization and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	Hibervia Williams Name of Person	
	EGB, LLC Firm/Company	
	P.O. Boy 6015	
,	P.O. Boy 6015 Riageland, MS 39158	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Hiberwice Name	of Person at (601) 956 F884 Eyt Area Code & Daytime Telephone Number	102
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Status Status	Status &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e:		
The name of the Lim	nited Liability Company is	:	
EG	B, LLC		
		oility Company, "L,L,C,," or "LLC.")	
ARTICLE II - Add The mailing address		orincipal office of the Limited Li	ability Company is:
Principal Office Ad	ldress:	Mailing Address:	
495 Grand Miramar Bo	Blud Ste 206 each, F132550	495 Grand Blud Miramar Beach,	Ste 206 Florida 3255
(The Limited Liability Combusiness entity with an act	npany cannot serve as its own Regi	ed Office, & Registered Agent's istered Agent. You must designate an indiversely registered agent are:	idual or another
	CT Corporation S	System	C 10 PM
-	Name	e	#9 3 6
	1200 S Pine Isla	nd Rd	2: 0 STAT FEOM
-	Florida street a	ddress (P.O. Box NOT acceptable)	
	Plantatio	on FL 33324	>
-	City, S	State, and Zip	
liability company registered agent and statutes relating to	y at the place designated in d agree to act in this capact o the proper and complete p	o accept service of process for the this certificate, I hereby accept th ity. I further agree to comply with performance of my duties, and I an gistered agent as provided for in C	he appointment as h the provisions of all m familiar with and
	Jan M. Hoj	James M. ature (REQUIRED) Assistant S	Halpin
	Registered Agent's Sign	ature (REQUIRED) Assistant S	ecretary

(CONTINUED)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Elton G. Beeber 43 W. St. Lucia Lanc. The Retreat Santa Rosa Beach, Fl 32459
The Alaminian Standard Name Standard St	
(Use attachment if necessary)	
LE V: Effective date, if other than the defective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	late of filing: (OPTION specific and cannot be more than five business d
807	on D. Buly
	or an authorized representative of a member.
constitutes an affirmation under to I am aware that any false information	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
constitutes a third degree felony	as provided for in s.817.155, F.S.) G. Beebe

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)