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Effective Date 1112

2011 SEP 23 AM 10: 46 SECRETARY OF STATE

T. HAMPTON
SEP M 8 2011

EXAMINER

COVER LETTER

3

TO:	TO: Registration Section Division of Corporations			
SUBJI	ccr. Bun	nmy Esquire, LLC.		
3000	<u> </u>		ted Liability Company	
The en	closed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all corr	respondence concerning this mat	ter to the following:	
	Alanka	Preferia Brown		
			Name of Person	
	Bummy	Esquire, LLC.		
			Firm/Company	
	2108 M	ulberry Blvd.		
			Address	
	Tallahas	see, Florida 32303		
	alankaha		ty/State and Zip Code	
	alankana	yes@hotmail.com E-mail address: (to be used	for future annual report notification)	
For fur	ther informati	on concerning this matter, pleas	e call:	
Alan	Alanka P. Brown at (850) 321-9599			
	Na	me of Person	Area Code & Daytime Telep	phone Number
Enclos	sed is a check	c 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I	-	Nam	e:
cent	^			

The name of the Limited Liability Company is:

Bummy Esquire, 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:

Mailing Address:

2108 Mulberry Blvd.

Tallahassee, Florida 32303

2108 Mulberry Blvd.
Tallahassee, Florida 32303

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:

Alanka Preferia Brown

Name

2108 Mulberry Blvd.

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

Tallahassee

_. 32303

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..

gistered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Alanka Preferia Brown
	2108 Mulberry Blvd.
	Tallahassee, Florida 32303
49-90-90-90-90-90-90-90-90-90-90-90-90-90	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date muto or 90 days after the date of filing.)	n the date of filing: 01/01/2012 . (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution of this document 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.)

Alanka Preferia Brown

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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