

L12000012614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

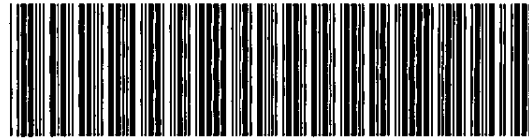
Special Instructions to Filing Officer:

W1200001567

Office Use Only

EFFECTIVE DATE

01/14/12



400217357474

01/09/12--01047--027 **160.00

FILED
12 JAN -9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 26 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2012

JULIE BRADY
11508 MANISTIQUE WAY
NEW PORT RICHEY, FL 34654

SUBJECT: B & B 3D SOLUTIONS, LLC
Ref. Number: W12000001567

FILED
12 JAN -9 PM 4:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

We have received your document for B & B 3D SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 512A00001267



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2012

JULIE BRADY
11508 MANISTIQUE WAY
NEW PORT RICHEY, FL 34654

SUBJECT: B & B 3D SOLUTIONS, LLC
Ref. Number: W12000001567

FILED
12 JAN - 9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for B & B 3D SOLUTIONS, LLC 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 registered agent must sign accepting the designation.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 9, 2012. 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 712A00000605

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & B 3D Solutions, 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:

Julie Brady

Name of Person

B & B 3D Solutions, LLC.

Firm/Company

11508 Manistique Way

Address

New Port Richey, FL 34654

City/State and Zip Code

bb3dsolutions@gmail.com

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

FILED
12 JAN - 9 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Julie Brady

Name of Person

at (727) 834-0254

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B & B 3D Solutions, 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:

B & B 3D Solutions, LLC

11508 Manistique Way

New Port Richey, FL 34654

Mailing Address:

B & B 3D Solutions, LLC

11508 Manistique Way

New Port Richey, FL 34654

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:

Julie Brady

Name

11508 Manistique Way

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

New Port Richey

FL 34654

City, State, and Zip

FILED
12 JAN - 9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Julie Brady
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Ron Berman - MGR

11508 Manistique Way
New Port Richey, FL 34654

Julie Brady - MGRM

11508 Manistique Way
New Port Richey, FL 34654

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 14 January 2012. (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.)

Julie Brady

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)

FILED
12 JAN -9 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA