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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOSS | WEEKS**  
CERTIFIED PUBLIC ACCOUNTANTS

Stephen E. Doss, CPA

Donald Robert Weeks, CPA

February 24, 2012

**CONFIDENTIAL**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUBJECT: B.B.J.K.L.N. RENTAL PROPERTIES, L.L.C.**

To Whom It May Concern:

Enclosed please find the original and one copy of the executed Articles of Organization for B.B.J.K.L.N. Rental Properties, L.L.C..

Please return the stamped copy and all correspondence concerning this matter to the following:

Donald Robert Weeks  
Doss Weeks, P.A.  
2338 South Eighth Street  
Fernandina Beach, Florida 32034

Also, enclosed please find a check in the amount of \$125.00 for the filing fee.

If you have any questions or if you need any additional information, you may call me at (904) 277-0009.

Thank you for your attention to this matter.

Sincerely,



Rob Weeks

Enclosures

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**B.B.J.K.L.N. RENTAL PROPERTIES, L.L.C.**

**ARTICLE II – Address:**

The initial mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

95253 Barnwell Road  
Fernandina Beach, Florida 32034

**Mailing Address:**

95253 Barnwell Road  
Fernandina Beach, Florida 32034

**ARTICLE III – Purpose**

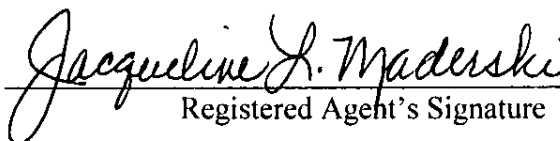
The purpose for which this Limited Liability Company is organized is any and all lawful business.

**ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Jacqueline L. Maderski  
95253 Barnwell Road  
Fernandina Beach, Florida 32034

*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

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TALLAHASSEE, FLORIDA

**ARTICLE V – Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

MGRM


Walter D. Maderski, Jr.  
95253 Barnwell Road  
Fernandina Beach, Florida 32034

MGRM

Jacqueline L. Maderski  
95253 Barnwell Road  
Fernandina Beach, Florida 32034

**REQUIRED SIGNATURE:**

EXECUTED this 24<sup>th</sup> day of FEBRUARY, 2012.


  
\_\_\_\_\_  
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.)

STATE OF FLORIDA

COUNTY OF NASSAU

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of February, 2012, by Jacqueline L. Maderski, who is personally known to me or who presented DRIVERS LICENSE as identification and who did take an oath.

  
\_\_\_\_\_  
Name: Jo Anne Cole McCormick  
Notary Public, State of Florida  
My Commission Expires:

