(F	Requestor's Name)	
(/	Address)	
(/	Address)	
(0	City/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(C	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	
	A. L	UNT
	MAR -	<b>2</b> 2011
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FXAMINER

Office Use Only

# **COVER LETTER**

	n Section Corporations		
SUBJECT: B.F.	G.U. ENTERPRISE	S, LLC	
SUBJECT:		d Liability Company	TALLAH?
The enclosed Article	s of Organization and fee(s) are so	ubmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	STE 2
LADDY	D 41/10		是 素
LARRY	DAVIS	Name of Person	NAY OF STATE
	•	value of Fergon	199
			- <del>-</del>
	•	Firm/Company	•
1516 G	RADUATE COURT		·
	•	Address	
LEUROLL	10050 FL 00074		
LEHIGH	ACRES, FL 33971	/State and Zip Code	
	City	State and Zip Code	* nor ge
	E-mail address: (to be used fo	r future annual report notification)	ا جو چو اور اور در اور در اور در اور در اور در
For further information	on concerning this matter, please	call:	•
LARRY DAVIS		at (239 707-6609	
Nar	ne of Person	Area Code & Daytime Telephor	ne Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	160.00 Filing Fee, ertificate of Status & ertified Copy
14/4	•	(a	dditional copy is enclosed)
i.	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
å Signatur Signatur	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circl	e

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

ARTICLE I - Name: The name of the Limited Liability C	ompany is:	2012 HAR SEURE TALLAH	e in a
B.F.G.U. ENTERPRISE	ES, LLC	ASSE	-
(Must end with the words '	Limited Liability Company, "L.L.C.," or "LLC.")		(
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Lia	ability Company	is:
Principal Office Address:	Mailing Address:	-	

1516 GRADUATE COURT

LEHIGH ACRES, FL 33971

LEHIGH ACRES, FL 33971

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:

Name

1516 GRADUATE COURT

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

LEHIGH ACRES

FL 33971

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)

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

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

"MGRM" = Managing Member	
MGRM	LARRY DAVIS
	1516 GRADUATE COURT
	LEHIGH ACRES, FL 33971
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And the Control of th	
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	and the state of t
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION.
fective date is listed, the date must days after the date of filing.)	st be specific and cannot be more than five business da

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.)

## LARRY DAVIS

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)