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SECRETARY OF STATE

J. BRYAN

MAR 2 1 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BYRD + CAMERON //c 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:	
CAR I ByRD Name of Person	
reality of Calaban	
Firm/Company	
17643 FRONT BEACH RO.	
Por oma City Beach Fl 324/35 City/State and Zip Code	
CAT by BO 2C and I Com TE-mail address: (to be used for future annual report notification)	3 0
For further information concerning this matter, please call:	19
CARI BURO at (251) 591 2508 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:
Byro + Comeron lic (Must end with the words "Limited Liability Company, "L.L.C." or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
17643 FAUNT BOACH RD PANAMA CITY BOACH FT 32413
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:
CARI BYRD
17643 FRONT BEACH RD. Florida street address (P.O. Box NOT acceptable)
PANAMA C. Style Beach F/32413 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)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Many and Madress.
MGR	C.B. HARDARII
	2012 FST
	TOIZ MAR 20 PALL HARSE
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	ORIGE ORIGINAL PROPERTY OF THE
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing:
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CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation of 1 am aware that any false i constitutes a third degree for the section constitutes at third degree for the section constitutes at third degree for the section constitutes at the section constitutes at third degree for the section constitutes at the se	the date of filing: <u>Siling Post</u> (OPTIONAL) Ist be specific and cannot be more than five business days prior Call Buck

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)