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(Re	equestor's Name)	 		
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Effective Date 6-1-12

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ASECRETARY OF STATE
TALL AHASSEF ET OBIDA.

GOOD COLOR

J. SAULSBERRY EXAMINER

MAY 24 2012

COVER LETTER

TO: Registration of Division of	on Section f Corporations	•	. i . · ·	-	,
SUBJECT: FB	ıv, LLC				
	Name of Limited	Liability Company			
The enclosed Article	es of Organization and fee(s) are su	bmitted for filing.			
Please return all cor	respondence concerning this matter	to the following:			
Flovd	Butz IV				
<u> ,</u>	N	lame of Person			
FBIV,	LLC				
		Firm/Company			
5814 2	27th ave. N		. 3	75. 15. 15.	201
		Address			HA ·
St Pete	ersburg FL 33710		Kool	ŽĀR.	2012 HAY 23
Ot. 1 etc		State and Zip Code			
FBIVLL	C@gmail.com		SEO3	- S = -	교 (호
	E-mail address: (to be used for	future annual report notification	on) C	ואו כ ביין	52
For further informat	tion concerning this matter, please c	all:			
Floyd Butz IV	V	at (727) 251-0 ⁻	129		
N	ame of Person	Area Code & Daytime	Telephone Number		
Enclosed is a chec	k for the following amount:				
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	S160.00 Fil Certificate of Certified Co (additional co	of Sta opy	itus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	itions		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
FBIV, LLC				
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited L	iability	Compa	any is:
Principal Office Address:	Mailing Address:			
5814 27th Ave N St. Petersburg FL 33710	5814 27th Ave N St. Petersburg FL 33710		 	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)				
The name and the Florida street address of the re	gistered agent are:	-SEC TALL	2012	
Floyd Butz IV		AHA:	2012 HAY 23	11
Name		\RÝ SSE	23	No. of Street
5814 27th Ave N	l.	OF STATE		17
Florida street addr	ess (P.O. Box NOT acceptable)	10.1 VIS	ထ္	
St. Petersburg	_{FL} 33710	ĭE, ∃TE,	52	

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..

City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Floyd Butz IV 5814 27th ave N St. Petersburg FL 33710	
		2012 TALL
		ZILIZHAY 23 AM
(Use attachment if necessary)		BIATE LORIDA
CLE V: Effective date, if other than the diffective date is listed, the date must be a days after the date of filing.)		

ARTIC (If an e to or 90

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.)

Floyd Butz IV

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)