# L13000022415

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(Address)
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<b>,</b> ,
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SECRETARY OF STATE
DIVISION OF CORPORATION

C. LEWIS
FEB 1 2 2013
EXAMINER

#### **COVER LETTER**

TQ:

**Registration Section Division of Corporations** 

# **Building Possibilities Unlimited**

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:

lan A. Chin	Name of Person	
	rame of reison	
<u></u>	Firm/Company	
15231 Jackson	Rd	
	Address	
Delray Beach, F	L 33484	
	City/State and Zip Co	de
ichin31@yahoo.com		
E-mail address: (	(to be used for future annual re	port notification)
ther information concerning this ma	tter, please call:	
Δ Chin	561	800-1404

For

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

**□\$125.00** Filing Fee □\$130.00 Filing Fee &

□\$155.00 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

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:			
Building Possibilities Unlimited, LLC.  (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability	Compar	ıy is:
Principal Office Address:	Mailing Address:		
15231 Jackson Road	15231 Jackson Rd		
Delray Beach, FL 33484	Delray Beach, FL 33484	_	
		_	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Ian A. Chin   Name			SECRETARY OF S
	dress (P.O. Box NOT acceptable)	Ħ	A.F.
Delray Beach,	33484	46	(E)
***************************************	ate, and Zip		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as registered Agent's Signat	accept service of process for the above this certificate, I hereby accept the appointy. I further agree to comply with the performance of my duties, and I am for gistered agent as provided for in Chap	ointment provision amiliar v	as ns of with

(CONTINUED)

Page 1 of 2

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

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

SECRETARY OF STATE DIVISION OF CORPORATION 2013 FCD	-
2013 FFR L	) ۲۰

	Name and Address:	2013 FEB I I AM
"MGR" = Manager "MGRM" = Managing Membe	er	· MI
MGR	lan A. Chin	
	15231 Jackson Road	
	Delray Beach, FL 33484	
MGRM	Sandra A. Allen	
	15231 Jackson Road	
	Delray Beach, FL 33484	
<del></del>		
ffective date is listed, the dat	than the date of filing: te must be specific and cannot be more	
LE V: Effective date, if other to a fective date is listed, the date or 90 days after the date of fine the date of	te must be specific and cannot be more	(OPTIONAL) than five business days
ffective date is listed, the dat or 90 days after the date of fi	te must be specific and cannot be more	(OPTIONAL) than five business days
ffective date is listed, the date or 90 days after the date of fi	te must be specific and cannot be more	than five business days
ffective date is listed, the date of five section of 90 days after the date of five section.  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation of a section of a	te must be specific and cannot be more diling.)	than five business days  member.  this document and herein are true.
ffective date is listed, the date of five section of 90 days after the date of five section.  REQUIRED SIGNATURE:  Signature of a constitutes an affirmation of a section of a	te must be specific and cannot be more ding.)  member or an authorized representative of a rection 608.408(3), Florida Statutes, the execution of on under the penalties of perjury that the facts state information submitted in a document to the Dep	than five business days  member.  this document and herein are true.

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)