

# L15000090826

MAY-22-2015 5:06 608 827 5501 P.001/003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000124347 3)))



H150001243473ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address:

*agent@bizfilings.com*

**FLORIDA LIMITED LIABILITY CO.  
B.N.B Symple Solutions L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
2015 MAY 22 AM 8:13  
RECEIVED  
15 MAY 21 PM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAY 26 2015

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H15000124347 3

**ARTICLES OF ORGANIZATION  
OF  
B.N.B Symple Solutions L.L.C.**

FILED  
2015 MAY 22 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I            NAME**

The name of the limited liability company is: B.N.B Symple Solutions L.L.C.

**ARTICLE II            ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be: 225 Betty Road, Pensacola, Florida 32507.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

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 605, F.S..

Signature: \_\_\_\_\_

  
Mark Williams, A.V.P. Business Filings Incorporated

Date: May 22, 2015

**ARTICLE IV            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:  
Barbara Brooks, 225 Betty Road, Pensacola, Florida 32507

FAX AUDIT # H15000124347 3

FAX AUDIT # H15000124347 3

**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.



Date: May 22, 2015

(In accordance with section 605.0203 (1) (b), 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.)

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FILED  
2015 MAY 22 AM 8:13  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT # H15000124347 3