## 115000/87/32

(Re	equestor's Name)	·
(Ad	ldress)	<u></u>
(Ac	ldress)	***************************************
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

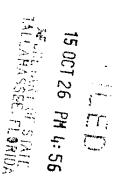




200278413762

200278413762 10/26/15--01018--018 \*\*125.00

NOV 2 2015 S. GILBERT



## COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	T: B &J Nebel, LLC			
2221		Limited Liabili	ty Company	
The enck	osed Articles of Organization and fee(s)	are submitted	for filing.	
Please re	turn all correspondence concerning this	matter to the f	ollowing:	
	Sherri Musinsky, CPA			
		Name of	Person	
	B & J Nebel, LLC			
		Firm/Co	mpany	<u> </u>
	19212 Natures View Court			
		Addre	ess	·
	Boca Raton, Florida 33498			
	slnm61@aol.com	City/State and	d Zip Code	
	E-mail address: (to be us	ed for future a	nnual report notification)	
For further	information concerning this matter, ple	ase call:		
	Sherri Musinsky at (	561	271-7025	
	Name of Person	Area Code	Daytime Telephone Numb	er
Enclosed	is a check for the following amount:			
\$125.00	-	L_JCertific	ed Copy Cer al copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy cional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLÉSOF	ORGANIZATION FOR	FLORIDA LIMITE	DLIABILITY COMPANY	
				FILE
ARTICLE 1 - Name:				han how had
The name of the Limited Liability	y Company is:			FILED 15 OCT 26 PM 4: 56
				77 FM 4: 56
B & J Nebel, LLC				PARTY OF STARRE
(Must end v	with the words "Limited	l Liability Compa	ny, "L.L.C.," or "LLC.")	FLEGRE STATE STATE FLORIDA
ARTICLE II - Address:				
The mailing address and street ad	ldress of the principal o	ffice of the Limite	ed Liability Company is:	
Princips	al Office Address:		Mailing Add	ress:
4950 Woodway Drive	e, PH #1	19:	212 Natures View Court	
Houston, TX 77056			ca Raton, Florida 33498	
	***************************************			
another business entity with an a	ddress of the registered	•		
	Sherri Musinsky	Name		
		Name		
	19212 Natures View	Court		
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)	
	Boca Raton,	FL	33498	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the proam familiar with and accept the obl	l hereby accept the apportions of all statutes re	ointment as registe elating to the prop	ered agent and agree to act er and complete performar	t in this capacity. I nce of my duties, and I

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized N	1ember
"MGR" = Manager	
MGR	Bob Nebel
	4950 Woodway Drive PH #1
	Houston, TX 77056
MGR	Joy Nebel
WOR	4950 Woodway Drive PH #1
	Houston, TX 77056
	Houston, TA 77030
ffective date is listed, the d	er than the date of filing: 10/22/15 (OPTIONAL)
CLE V: Effective date, if other of the classification of the classification of the classification of the date inserted in this between the classification of the classification	er than the date of filing: 10/22/15 (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90 days a  lock does not meet the applicable statutory filing requirements, this date will not be list  me Department of State's records.
CLE V: Effective date, if oth fective date is listed, the de of filing.) If the date inserted in this bument's effective date on the CLE VI: Other provisions, if	er than the date of filing: 10/22/15 (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90 days a  lock does not meet the applicable statutory filing requirements, this date will not be list ne Department of State's records.
CLE V: Effective date, if offective date is listed, the defendance of filing.)  If the date inserted in this boument's effective date on the CLE VI: Other provisions, if	er than the date of filing: 10/22/15 (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90 days a  lock does not meet the applicable statutory filing requirements, this date will not be list the Department of State's records.  any.
CLE V: Effective date, if offective date is listed, the defective date in this becament's effective date on the cument's effective date on the clean control of the control	er than the date of filing: 10/22/15 (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90 days a  lock does not meet the applicable statutory filing requirements, this date will not be list ne Department of State's records.
CLE V: Effective date, if offective date is listed, the defective date in this between the date inserted in this between the cument's effective date on the CLE VI: Other provisions, if Signature S	er than the date of filing: 10/22/15 (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90 days a  lock does not meet the applicable statutory filing requirements, this date will not be listed be be because of State's records.  any.  RE:  atture of a member or an authorized representative of a member.  Imment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any false information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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

\$ 5.00 Certificate of Status (Optional)