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STREET, APPLICATIONS

TO THE PROPERTY OF STATES



This replaces the Initial application rejected the to Ineligible. Thank you Lorione Brine so Fee Already Submitted **COVER LETTER** TO: Registration Section **Division of Corporations** B2 Strategies, LLC SUBJECT: 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: Lorraine Boromei, CPA Name of Person Firm/Company 16205 Sentry Woods Court Address Odessa, FL 33556 City/State and Zip Code lboromei@extcfo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lorraine Boromei Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: 1\$125.00 Filing Fee \$160.00 Filing Fee, \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address Street Address New Filing Section** New Filing Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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**COLLABA CLE, FLORIDA

December 7, 2015

LORRAINE BOVOMEI 16205 SENTRY WOODS CT ODESSA, FL 33556

SUBJECT: B2 STRATEGIES, LLC Ref. Number: W15000078759

We have received your document for B2 STRATEGIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the managers name.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 915A00025567

Division of Comparations DO DOY 6227 Tallahassas Florida 22214

EFFECTIVE DATE 01/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. . .

ARTICLE I - Name: The name of the Limited Liability Company is:				FILED	
				15 DEC 10 PH 2: 02	
B2 Strategies, LLC				CECRETARY OF STATE	
(Must end w	CECCETARY OF STATE ALL ARACOSE, FLORIDA				
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limited	Liability Company is:	·	
Principal Office Address:			Mailing Address:		
16205 Sentry Woods Court		1620	5 Sentry Woods Court		
Odessa, FL 33556 Odessa, FI		ssa, FL 33556			
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act	cannot serve as its own tive Florida registration	Registered Agent.		vidual or	
	Lorraine Boromei				
Name					
16205 Sentry Woods Court					
Florida street address (P.O. Box NOT acceptable)					
	Odessa	FL.	33556		
	City	State	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 fostion as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

egistered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager MGR	Name and Address:
	Lorraine Boromei 16205 Sentry Woods Ct Odessa, FL 33556
(Use attachment if necessary)	
(If an effective date is listed, the date must be specthe date of filing.)	f filing: 01/01/2016 (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as a records.
ARTICLE VI: Other provisions, if any.	State 3 records.
REQUIRED SIGNATURE:	2 K
This document is executed I am aware that any false i	ther or an authorized representative of a member. If in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Felony as provided for in s.817.155, F.S.
Lorraine Boromei	Typed or printed name of signee
\$125.00 Filing Fee for Articles of Orga	Filing Fees: nization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)