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SECRETARY OF STATE

2016 JUL 18 AH 8: 13

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 4B's Properties LLC Name of Limited	
Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter t	o the following:
Bryan Leach	
	ame of Person
4B's Properties LLC Fi 10451 Marsha Drive	
Fi	rm/Company
10451 Marsha Drive	2016 SE
	Address Address
New Port Richey, FL 346 City/s	55 SET OF A
bdrab_21@vahoo.com	tate and Zip Code inture annual report notification)
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call	***
Bryan Leach at (813 Name of Person Area C	453-4931
Name of Person Area C	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ Certificate of Status	\$155.00 Filing Fee & Certified Copy Iditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

100

ARTICLE I - Name: The name of the Limited Liability Company is:		
4B's Properties LLC		
(Must end with the words "Limited Liability Comp	any, "L.L.C.," or "LLC."}	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ited Liability Company is:	
Principal Office Address:	Mailing Address:	
New Port Rickey, FL 34655 ARTICLE III - Registered Agent, Registered Office, & Registered Agenther business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	SEC TALL	
Bran Leach	CRET	Mary In
Name		elette de c
Bryan Leach Name 10451 Marsha DRIVe	AHASSEE	
Florida street address (P.O. Box NO	racceptable)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
New Port Richey FL	34655 Sin	١.,
City State	Zip Sm =	
Having been named as registered agent and to accept service of process for	r the above stated limited liability company at the	

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..

(CONTINUED)

Page 1 of 2

Bryan Latch Outs Marsha Dr.	AMBR Bryan Lach NPR, FL 34655 Brend Lach NPR, FL 34655 Brend Lach NPR, FL 34655 Brend Lach NPR, FL 34655 CV: Effective date, if other than the date of filing: 1/13/16 (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nert's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of state on suthorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Bryah J. Leach Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
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