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SECRETARY OF STATE

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## **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: B-N-B Property Investments LLC 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:			
Robert Barrett and Judith B. Blair Name of Person			
B-N-B Property Investments LLC			
4533 Royal Ave Address			
Jacksonville FC 32205 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:  S+25.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy  (additional copy is enclosed)  S160.00 Filing Fee, 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

ARTICLE I - Name: The name of the Limited Liability Company is:		
B-N-B Property Inves (Must contain the words "Limited Liability Comp		
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:	
Principal Office Address:	Mailing Address:	
LISSE ROYAL AVC Jackspoulle FLORIDA 32205	SAME	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agenother business entity with an active Florida registration.)	ent. You must designate an individual or	
The name and the Florida street address of the registered agent are:	SECRET TALLY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Judith B. Bla Name	LETAR DE 29	ال المراد راد المعا
Florida street address (P.O. Box NO.	OT acceptable)	(
Jackson 110 P	OT acceptable)  C. 30266  PA 9	

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..

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

	The name and address of each person auth	horized to manage and control the Limited Liability Company:
	Title: "AMBR" = Authorized Member	Name and Address:
AMBR	"MGR" = Manager Robert Barrett	4538 Royal Are Tricksonville Fronda 32205
AMBR	Ludoth Blair	HESSE ROYAL AVE HACKSONVILLE FLORIDA 32205
	<del></del>	
	(Use attachment if necessary)	
(If a the c <u>Not</u> the	date of filing.)  e: If the date inserted in this block does not m document's effective date on the Department of	recific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date of State's records.
AR1	FICLE VI: Other provisions, if any.	SET SI
	REQUIRED SIGNATURE:	TATE O
	This document is execute I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Judith B Blair
Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)