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TO NOV 15 AM SE 48

COVER LETTER

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TO: New Filing Section Division of Corporations	19 NOV 15 AM 9: 48
•	19 NOT 15
SUBJECT:	B Properties LLC
Name of Li	mited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this na	natter to the following:
Leigh Oje	Peda + Gareth Djeda Name of Person
JLB:B	Properties
	Firm/Company
4418 Morgo	
9	Address
<u>Cooper Ci</u>	ty, FL 33328 City/State and Zip Code nail.com
Leigh ICCVIC	City/State and Zip Code
LEIGHTLL SW @ gn	nail.com
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, pleas	se call:
Leigh Ojeda arc	954 682-2653 Area Code Daytime Telephone Number
✓ Name of Person A	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	u, A.
The name of the Limited Liability Company is:	19 NOV 15 AH \$ 48
JLB: B Properties LLC	TO NOT 12 MUS 44
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC	2.7)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compan	ry is:
Principal Office Address: Mailin	g Address:
4418 Morgan Ln Cooper City 4418 Morga FL 33320 Cooper City	in Ln FL 32328
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designat another business entity with an active Florida registration.)	e an individual or
The name and the Florida street address of the registered agent are: Leigh Djeda Name	
Florida street address (P.O. Box NOT acceptable)	
Cooper City, FL 3332 City State Zip	.8
City State Zip	
laving been named as registered agent and to accept service of process for the above stated limit place designated in this certificate, I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relating to the proper and complete perform familiar with and accept the obligations of my position as registered agent as provided for in (e to act in this capacity. I formance of my duties, and I Chapter 605, F.S
Registered Agent's Signature (REQUIRED)	·

(CONTINUED)

Title:	Name and Address:	TO NOV 15 AM S
"AMBR" = Authorized Member		to hot to him o
"MGR" = Manager AMBR	Jerome Yerich	
		liver Dr
	Ft.Lauderdale	FL 33306
MCR	Leigh Orada	
	- Lugar Jecus	un Ln
	Copper City I	1 33328
Go MGR		
210 101GR	GARETH Ojeda	
•	4418 Morgan	
	tager (1195, Pi	_ 33328
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)