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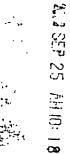
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## COVER LETTER \_\_\_

New Filing Section

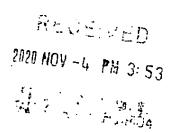
TO:

Division of Corporations
SUBJECT: BROOKS B. & B. 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:
Briana Rogers Name of Person
B48 UC. Firm/Company
21/2 Little River Lane
Tallabassee, FL 32311 City/state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter/please call:
Briana Roce of at (772 ) 8/2-4274  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  Street Address  New Filing Section Division  The Centre of Tallahassee

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





September 28, 2020

BRIANNA ROGERS 2112 LITTLE RIVER LANE TALLAHASSEE, FL 32311

SUBJECT: B + B LLC

Ref. Number: W20000111011

We have received your document for B + B LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 320A00018584

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name: The name of the Limited Liability Company is: (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2112 Little River Lane, 2112 Little River Land
Tallamassee, FL, 32311 Tahassee, FL, 32311

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Briana Rogers

Name

2112 Little River Lane

Florida street address (P.O. Box NOT acceptable)

Tallahasse FL 32311

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 position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager  ROSES  AMBR	zilz Little Piver Lane, Tallahassee jfl, 32311		
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		CRETARY OF STAT ALLAHARSEE, FL	奕
(Use attachment if necessary)		STA FI	
ARTICLE V: Effective date, if other than the date of i	filing: (OPTIONAL)	而	20
he date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of S	ic and cannot be more than five business days prior to or t the applicable statutory filing requirements, this date will state's records.		
ARTICI.E VI: Other provisions, if any.			- -
REOURED SIGNATURE:	14. 4		_
Signature of a memb This document is executed	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statut formation submitted in a document to the Department of Sta		

Filing Fees:

Brianna Rogers
Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155. F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)