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Office Use Only

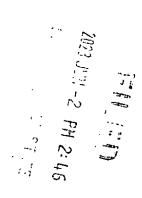


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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: B. FRANKLIN HOLDINGS 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:
L. G. Bouie
Name of Person
B. FRANKLIN HOLDINGS 14C
94- RAILROAD AVE
Address
TALLAHASSEE, FL 32310 City State and Zip Code 50 lesco bear franklinholdings. com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-man address: (to be used for future annual report notification)
For further information concerning this matter, please call
LG Bowle at (850) 254 1192 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
E38125.00 Filing Fee

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

REFICLE 1 - Name: Transment of the Limited Liability	Company is:		
(Must conta	B FRANKLIN in the words "Limited Liability Con	HOLDINGS, LLC:	
.RTICLE II - Address: he mailing address and street ad	dress of the principal office of the L	imited Liability Company is:	
<u>Principa</u>	l Office Address:	Mailing Address:	
914 RALLE TALLAHASSO	E, FC 32310	POB 77 QUINCY, FL 322	<u>ন</u> ্ত্র
he Limited Liability Company of their business entity with an ac	etive Florida registration.) ddress of the registered agent are:	gent. You must designate an individual or	
	LG Bi	0010	
	914 RAILROAD A	AUE SOT acceptable)	2073 JUH 5 %
	TALLAH ASSEE, FL	- 32310 Zip	
 lesignated in this certificate, it ier agree to comply with the pro 	I hereby accept the appointment as revisions of all statutes relating to the pigations of my position as registered of the pigation of the position as registered of the pigation of the pigat	for the above stated limited liability compargistered agent and agree to act in this cape proper and complete performance of my duagent as provided for in Chapter 605, F.S., Signature (REQUIRED)	ties, and $l = \frac{1}{2}$

(CONTINUED)

(Use attachment if necessary) T.E.V: Effective date, if other than the date of filing	LG BOULE JAMASEE, FL 32360 OPTIONAL)	
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te of filing.)	and cannot be more than five business days prior to or	90 days:
	e applicable statutory filing requirements, this date will i	not be lis
cument's effective date on the Department of Stat		70
·		~5
CLE VI: Other provisions, (f any	: J.	Ĭ.
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		- <u>5</u> -
REQUIRED SIGNATURE: 1/1/1 5		
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	or an authorized representative of a member.	
	accordance with section 605.0203 (1) (b), Florida Statute	
	mation submitted in a document to the Department of Stary as provided for in \$.817.155, F.S.	ic
constitutes a titled degree retori	y as provided for in store, rugs, rus.	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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ARTICLE IV-