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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

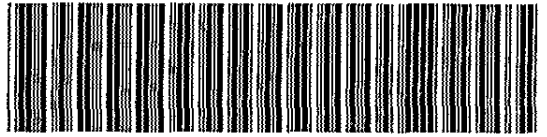
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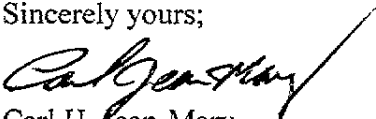
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SECRETARY
TALLAHASSEE, FLORIDA
03 AUG -4 AM 9:53
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Carl H. Jean-Mary
BAZ LA LLC
2193 NW 191 Ave
Pembroke Pines, FL 33029

My name is Carl Jean-Mary and I am the registered agent for Baz La LLC and I can be reach at the address above or contact me by telephone
Tel# 305-776-3324
Fax# 954-437-3589

Sincerely yours;


Carl H. Jean-Mary

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAZ LA 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:

CARL JEAN-MARY
(Name of Person)

FAD INC
(Firm/Company)

P.O. Box 53424
(Address)

MIAMI SHORES 33153
(City/State and Zip Code)

For further information concerning this matter, please call:

CARL JEAN-MARY at (305) 776-3324
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAZ LA LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2193 NW 191 AVE
PEMBROKE PINES FL 33029

Mailing Address:

P.O. Box 53424
MIAMI SHORES, FL 33153

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CARL JEAN-MARY
Name

2193 NW 191 AVE
Florida street address (P.O. Box **NOT** acceptable)

PEMBROKE PINES FL 33029
City, State, and Zip

SECRETARY
TALLAHASSEE, FLORIDA

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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 608, F.S..

Carl Jean-Mary
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Achille Desamours
7150 TYLER ST
Hollywood FL 33024

MGRM

SYLVESTER HAZE

MGRM

SOUL B. JAY FREDERICK

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Achille Desamours
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)