

L1500005580S

Florida Department of State
Division of Corporations
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To: Division of Corporations
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32304

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
BUSSINASSIST, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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15 MAR 30 01:10:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32304

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Businassist, 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:

Thomas P. Murphy
Name of Person

T. P. Murphy's Law P. A.
Firm/Company

555 Ne 34th Street, Suite 603
Address

Miami, FL 33137
City/State and Zip Code

tpmlawyer@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Murphy at (305) 978-5817
Name of Person 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 & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration 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:

BUSINESS ASSIST, LLC
Bussinassist, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address: 555 NE 34th Street
STE 603
MIAMI, FL 33137
Mailing Address: 555 NE 34th Street
STE 603
MIAMI, FL 33137

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:

T. P. MURPHY'S LAW P. A.
Name
555 NE 34th STREET, SUITE 603
Florida street address (P.O. Box NOT acceptable)
MIAMI City FL 33137 Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Thomas P. Murphy
Registered Agent's Signature (REQUIRED)
(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

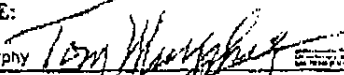
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager MGR	KURT GARDNER 8793 N.W. 27th Street, Coral Springs, Florida 33065
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Thomas P. Murphy 

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0303 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

THOMAS P. MURPHY

Typed or printed name of signer

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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