Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

; EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

BIOLOGICAL BUSINESS CREATIVITY, LLC

Certificate of Status	(0.000)
Certified Copy	
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Estimated Charge \$155.00	
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EMPIRE CORP

305 541 3770 P.02/02

H 0 1 0 0 0 0 8 4 9 4 9 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Biological Business Creativity, LLC

ARTICLE II - Address

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

c/o Turner & Associates 19 West Flagler Street, Suite 600 Miami, Florida 331310

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

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

David M. Turner

19 West Flagler Street, Suite 600 Florida street address

Mismi, Florida 33130 City, State, and 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 property, and I am familiar with and accept the obligations of my position as registered agent as provided form Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check only if applicable).

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managers are:

David M. Turner
Turner & Associates
19 West Flagler Street, Suite 600
Mismi, Florida 33130

Marius Robinson c/o Turner & Associates 19 West Flagler Street, Suite 600 Miami, Florida 33130

(An additional article must be added if an effective date is required).

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

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

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Typed or printed name of signer