

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number: I19990000221 Phone : (631)224-9004

Fax Number .

: (631)218-9522

## LIMITED LIABILITY COMPANY

MEDICINE SHOP ENTERTAINMENT BBF, LLC

Certificate of Status	<b>0</b> ,
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME:

The name of the Limited Liability Company is:

MEDICINE SHOP ENTERTAINMENT BBF, LLC

ARTICLE II: ADDRESS:

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

13176 N. Dale Mabry Parkway Ste 117, Tampa, FL 33618

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Brian Fox 13176 N. Dale Mabry Parkway Ste 117 Tampe, FL 33618

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..

Registered igent's signature

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ARTICLE IV: MANAGEMENT (Check if applicable).

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

ARTICLE V: The Initial member(s) of the Limited Liability Company is/are as follows:

Brian Fox 13176 N. Dale Mabry Perkway Ste 117, Tampa, FL 33618

Brian Fox, 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.)

Brian Fox, Member

SEGRETARY OF STATE

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