

L03000027975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

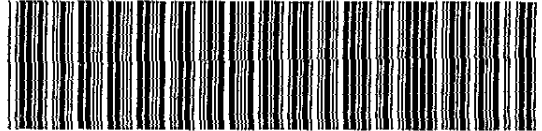
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100021698101

07/25/03--01031--005 **125.00

RECEIVED
TALLAHASSEE, FLORIDA

03 JUL 25 PM 2:03

FILED

7/30
MST

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
(850) 245-6051

Re: **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY FOR "BADA BING ENTERTAINMENT LLC"**

Enclosed is an original and 1 copies of articles of organization for the above
referenced LLC along with a check for \$ 125.00 as follows:

\$ 100.00 for filing fee
\$ 25.00 for Designation of Registered Agent

Please send acknowledgement of receipt and/ or date-stamped copy to:

**BADA BING ENTERTAINMENT LLC
2840 CORNERSTONE CT
APOPKA, FL 32703
(407) 810-7776**

FILED
03 JUL 25 PM 2:03
SECRETARY OF
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

The name of the Limited Liability Company is:

BADA BING ENTERTAINMENT LLC

ARTICLE II – Address

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

2840 CORNERSTONE CT, APOPKA, FL 32703

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

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

NISHANT RASIKLAL BAJARIA

Name

2840 CORNERSTONE CT

Florida Street address (P.O. Box **NOT** acceptable)

APOPKA, FL 32703

City, State, and Zip

Having been named as registered agent and to accept service of process for about state limited liability company at the place designated in the 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 the accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature

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


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.)

VISHAL JYOTIPRAKASH DAVE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 25 PM 2:03

FILED