

L 04000008016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

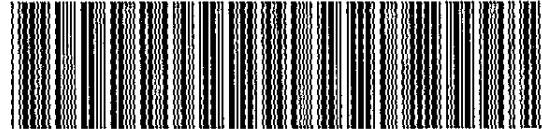
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500027485775

01/29/04--01052--020 **25.00

01/29/04--01052--021 **130.00

BK

RECEIVED
04 JAN 29 PM 12:39
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

FILED
04 JAN 29 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED DATE
1/27/04

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

04 JAN 29 PM 3:28
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Burke Investigative LLC

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Burke Investigative, LLC

ARTICLE II - Address:

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

1850 Down Lakes Drive
Windermere, Florida 34786

ARTICLE III - The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

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

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

Thomas J. Babiarz
1850 Down Lakes Drive
Windermere, Florida 34786

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 Agent Signature: 

ARTICLE V - The name and address of managing members/managers are:

Title: MGRM
Thomas J. Babiarz
1850 Down Lakes Drive
Windermere, FL 34786

Title: MGRM
Tommy J. Babiarz
1850 Down Lakes Drive
Windermere, FL 34786

Title: MGRM
Bryan Burke
P.O. Box 4490
Ft. Lauderdale, FL 33338

ARTICLE VI - The effective date for this Limited Liability Company shall be:

January 27, 2004

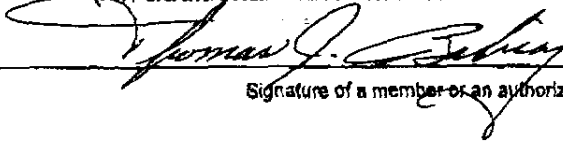
FILED
JAN 29 PM 3:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE
1/27/04

ARTICLE VII - Management (Check box if applicable):

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

(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).

THOMAS J. BABIARZ

Typed or printed name of signee