

L041000012821

Florida Department of State
Division of Corporations
Public Access System

FAXED

Date 2/17/04
Time 11:05 AM
D/B

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000034386 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : I20000000141
Phone : (407) 841-1550
Fax Number : (407) 841-8746

LIMITED LIABILITY COMPANY

B. S. A, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

DIVISION OF CORPORATION

04 FEB 17 PM 3:01

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 17 PM 5:32

FILED

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

JB
2-17-04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 17, 2004

ARNOLD MATHENY & EAGAN, P.A.

SUBJECT: B.S.A., LLC
REF: W04000006716

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H04000034386
Letter Number: 504A00010737

APPROVED
AND
FILED
04 FEB 17 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H04000034386 3

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

B.S.A., LLC

ARTICLE II – Address:

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

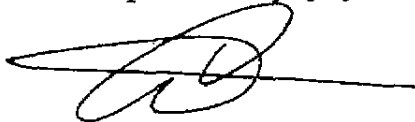
**1752 HOWELL BRANCH ROAD
WINTER PARK, FLORIDA 32789**

ARTICLE III– Management:

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager(s) who is (are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

The persons who are designated or appointed as President or, in his or her absence, President shall carry out and further the decisions and actions of the managers or member(s) made pursuant to the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred or evidenced, which are necessary, appropriate or beneficial to carry out or further such decisions or actions.

(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.)



Arthur R. Louv – Authorized Representative

H04000034386 3

04 FEB 17 PM 5:32

APPROVED
AND
FILED

H04000034386 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **B.S.A., LLC**
2. The name and the Florida street address of the registered agent are:

**AM&E Services LLC
801 N. Magnolia Avenue, Suite 201
Orlando, Florida 32802**

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.

AM&E SERVICES LLC

By: _____

Arthur R. Louv, President

APPROVED
AND
FILED
04 FEB 17 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA