

Division of Corporations

**L04000025367**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To:

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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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**LIMITED LIABILITY COMPANY**

**Business Development Associates LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**FILED**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**Business Development Associates LLC**

**ARTICLE II - Address**

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

7000 APR 2004  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Office Address:**

**2533 Skipper Trail, Suite B**

**Clearwater, FL 33761**

**Mailing Address:**

**2533 Skipper Trail, Suite B**

**Clearwater, FL 33761**

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

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

**John Dabnor**

Name

**2533 Skipper Trail, Suite B**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Clearwater, FL 33761**

(City / State / 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 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.*

**X**

**Registered Agent's Signature - John Dabnor**

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED****Title:****Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

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**MGRM****John Dabnor- 2533 Skipper Trail, Suite B, Clearwater, FL 33761**  
**TALLAHASSEE, FLORIDA**

(Use attachment if necessary)

**REQUIRED SIGNATURE:****X****Signature of a member or 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. )****John Dabnor****Typed or printed name of signee**