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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

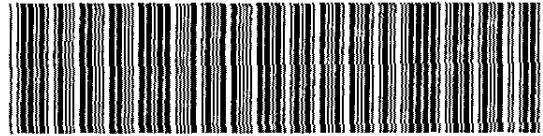
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TALLAHASSEE

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CIVILIAN OF LEGAL COUNCIL

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 917708 7447672

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
04 OCT -7 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 7, 2004

ORDER TIME : 9:18 AM

ORDER NO. : 917708-005

CUSTOMER NO: 7447672

CUSTOMER: Paul Berckmans, Esq.
Paul Berckmans, Esq.

Suite A
4727 Nw 53rd Ave.
Gainesville, FL 32606

DOMESTIC FILING

NAME: BIZINFINITAS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
04 OCT -7 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bizinfinitas, LLC**ARTICLE II - Address:**

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

Principal Office Address:6075 SW 73rd Street RoadOcala, FL 34476**Mailing Address:**6075 SW 73rd Street RoadOcala, FL 34476**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ms. Mamta MISHRA

Name

6075 SW 73rd Street RoadFlorida street address (P.O. Box NOT acceptable)OcalaFLORIDA 34476

City, State, and 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, Florida Statutes..

By: Mamta Mishra 10/6/04

Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMMs. Mamta MISHRA1915 SW 45th PlaceOcala, FL 34474

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**Mamta Mishra 10/6/04

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.)

By: Ms. Mamta MISHRA, Managing Member

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)