

L04000080845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

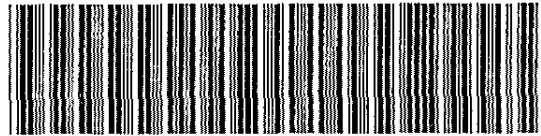
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



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RECEIVED

04 NOV -8 PM 12:14

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

04 NOV -8 PM 3:44

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED  
04 NOV - 8 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- BSBA, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
BSBA, LLC.  
a Florida Limited Liability Company**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I  
Name**

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:  
BSBA, LLC.

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is: 7468  
Treeline Drive, Naples, Florida 34110.

**ARTICLE III  
Duration**

The period of duration for Company shall be perpetual.

**ARTICLE IV  
Management**

The Company is to be a manager-managed company.

**ARTICLE V  
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: Mrs. Brenda Slavich;  
and the address of the Company's registered agent in Florida is: 7468 Treeline Drive, Naples,  
Florida 34110.

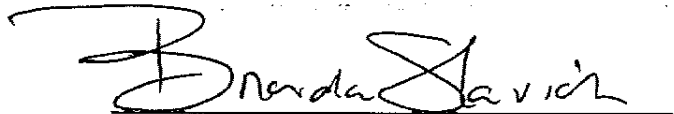
IN WITNESS WHEREOF, I have signed these Articles and acknowledged them to be my  
act this 5<sup>th</sup> day of November, 2004.

  
Brenda Slavich, Member

## ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated limited liability company, at the place designated in Article V of these Articles of Organization, the undersigned party hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.

Dated this 8<sup>th</sup> day of November, 2004.

A handwritten signature in cursive script, reading "Brenda Slavich", written over a horizontal line.

**Brenda Slavich, Registered Agent**