

L05000020509

2005 FEB 28 P 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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02/28/05--01025--017 **160.00

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2005 FEB 28 P 3:47

SUBJECT: Bizz4SALE.NET, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEAGON FOSTER
(Name of Person)

BIZZ4SALE.NET, LLC
(Firm/Company)

2825 N.W. 91 AVE., SUITE 202
(Address)

CORAL SPRINGS, FLORIDA 33065
(City/State and Zip Code)

For further information concerning this matter, please call:

KEAGON FOSTER at 954 575-2967
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2008
10-28-08 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIZZ4SALE.NET, LLC

ARTICLE II - Address:

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

Principal Office Address:

2825 N.W. 91 AVE.
SUITE 202
CORAL SPRINGS, FLORIDA 33065

Mailing Address:

2825 N.W. 91 AVE.
SUITE 202
CORAL SPRINGS, FLORIDA 33065

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

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

KEAGAN FOSTER
Name

2825 N.W. 91 AVE., SUITE 202
Florida street address (P.O. Box **NOT** acceptable)
CORAL SPRINGS, FL 33065
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, F.S..


Registered Agent's Signature

(CONTINUED)

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

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

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KEAGON FOSTER

2825 N.W. 91 AVE.
SUITE 202
CORAL SPRINGS, FL 33065

KUNLE ADEYENI

482 COMMONWEALTH AVE.
BRONX, N.Y. 10473

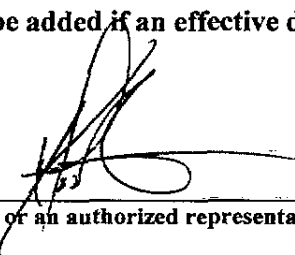
DAVID AQUARELLA

825 N.E. 199 STREET
APT 207
NORTH MIAMI, FL 33179

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

KEAGON FOSTER

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)