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To:

Division of Corporations

Fax Number : (850)205-0383

.From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone : (305)633-9696 Fax Number

LIMITED LIABILITY COMPANY

baba, llc

والاجتناق والتكوية والمراوات والمراوات والتأول فينجس بالمراوا والمراوات والمراوات	والأراكا أياك ليكافينها بنجيج بيدوي والوالية
Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

10.9





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BABA, LLC		
ARTICLE II - The mailing ad		ne principal office of the Limited Liability Company
Principal Offic	ce Address;	Mailing Address:
21055 YACHT (CLUB DR., #704	21055 YACHT CLUB DR., #704
AVENTURA, FL 33180		
		aventura, FL 33180 ered Office, & Registered Agent's Signature:
ARTICLE III		ered Office, & Registered Agent's Signature:
ARTICLE III	- Registered Agent, Regist he Florida street address of NORMAN T. ROBERTS,	ered Office, & Registered Agent's Signature: the registered agent are: PA
ARTICLE III	- Registered Agent, Regist he Florida street address of NORMAN T. ROBERTS,	ered Office, & Registered Agent's Signature:
ARTICLE III	- Registered Agent, Regist he Florida street address of NORMAN T. ROBERTS,	ered Office, & Registered Agent's Signature: the registered agent are: PA
ARTICLE III	- Registered Agent, Regist he Florida street address of NORMAN T. ROBERTS, N 50 WEST MASHTA DR.,	ered Office, & Registered Agent's Signature: the registered agent are: PA
ARTICLE III	- Registered Agent, Regist he Florida street address of NORMAN T. ROBERTS, N 50 WEST MASHTA DR.,	ered Office, & Registered Agent's Signature: the registered agent are; PA ame STE

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.

(CONTINUED)

Page 1 of 2

50.9

HOSOWII MUI

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	HOPE MORROW 21055 YACHT CLUB DR., #704 AVENTURA, FL 33180
MGRM	TODD STOLLER 21055 YACHT CLUB DR., #704 AVENTURA, FL 33180
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	MUUU an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herei	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjusy
Filing Fees: \$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation

rage 2 of 2

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