L0600017842

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of 3	Status
Special Instructions	to Filing Officer:	
NO Signature	Y 110	(4)
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	Office Use Only	$\mathcal{I}(\mathcal{L})$
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SECRETATION STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BANA Consulting, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Carter (Name of Person)
BANA Consulting, LLC (Firm/Company)
1951 NW 184 THEFT (Address)
Miami Florida 33056 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony Carler at 786 314-0003 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



January 27, 2006

ANTHONY CARTER 1951 NW 184TH STREET MIAMI, FL 33056

SUBJECT: BANA CONSULTING, LLC Ref. Number: W06000004299

We have received your document for BANA CONSULTING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Letter Number: 506A00006020

Leslie Sellers Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BAMA Consulting (Must end with the words "Limited Liability Company "Limited Liability Company "Limited Liability Company".	s: ,LlC
(Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
1951 NW 184th STREET	1951 NW 1844 STREET
	,
ARTICLE III - Registered Agent, Registere	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
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ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the Atthorns Name 1951 NW 1 Florida street a	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: A Carly By th STRET address (P.O. Box NOT acceptable)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the Atthorname and the Florida street address of the Name (1951 No. 1971).	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are: Carly ne 84th STREET

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 (REQUIRED)

(CONTINUED) Page 1 of 2 06 FEB 16 PH 1:25

APPHOVED

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Memb	her	
Mur	1951 NW 184 # STREFT	
	Macri 1 . 3 3050	
	- Artthony Cartin	
MGR	Allerha Cavler	
	[95] NIW 184 th ST MED;	
	Miani, P1. 33056	
MGRM	Germini Allinnunni	
	298 B. Sumby 23	
	Coatopa, Alabuman 35470	
CLE V: Effective date, if other effective date is listed, the date 00 days after the date of filing.)	than the date of filing: (OPTIONAL e must be specific and cannot be more than five business days	.) pri
REQUIRED SIGNATURE	Lathar (1)	
	f a member or an authorized representative of a member.	
Signature of (In accordance of this document)	Lathar (1)	
Signature of (In accordance of this document)	f a member or an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury	
Signature of (In accordance of this document)	f a member or an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.) Arthory Carry Carry	
Signature of (In accordance of this document that the factor)	f a member or an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.) Arthory Carry Carry	
Signature of (In accordance of this document)	f a member or an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.) Att Monu Caww	_

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)