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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Olligan SEP 19 2006

FREDERICK A. LOVE

ATTORNEY AT LAW

16320 NW 11TH STREET
PEMBROKE PINES, FLORIDA 33028
PHONE: 954-540-4486 • FAX: 954-704-4849
e-mail: flovegc@aol.com

*Admitted in PA and DC

September 13, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


RE: BABALU PRODUCTIONS, LLC

Dear Sir or Madam:

Enclosed please find one (1) original and two (2) copies of the Articles of Organization for Babalu Productions, LLC as well as my check in the amount of \$160.00 for the required filing fee as well as a Certified Copy and Certificate of Status.

If you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,


Frederick A. Love

FAL/cs
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Babalu Productions, 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:

Frederick A. Love, Esq.
(Name of Person)

(Firm/Company)

16320 NW 11th Street
(Address)

Pembroke Pines, FL 33028
(City/State and Zip Code)

For further information concerning this matter, please call:

Frederick A. Love, Esq. at (954) 540-4486
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Babalu Productions, LLC

ARTICLE II - Address:

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

Principal Office Address:

2110 West Kentucky Avenue

Tampa, FL 33607

Mailing Address:

P.O. Box 17256

Tampa, FL 33682

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

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

Lazaro M. Trejo

Name

2110 West Kentucky Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FLORIDA 33607

City, State, and Zip

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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: 

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:

MGRM

Lazaro M. Trejo

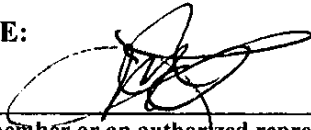
2110 West Kentucky Avenue

Tampa, FL 33607

(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.)

Lazaro M. Trejo

Typed or printed name of signee

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)

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