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COVER LETTER

TO: Registration Set Division of Co				
SUBJECT: F	anchise Balle	ed Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
_Aski	2 A. Jones	Name of Person)		
_	(Name of Person)		-3. ⁷⁵ 1. #
Fran	rchise Baller,	LLC (Firm/Company)	22	06
-	•	, ,,		ee n
4436	Wesley Driv	e ad, (Address)	ASSI ARX	di T
		(Address)	n _e	3 m
Talle	zhassee, FL	32303 /State and Zip Code)	Log	22 🔾
	(City	/State and Zip Code)	Q.	2
For further information	concerning this matter, please	call:		
(Name	of Person)	at ()(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:	,		
ρ \$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	\$155.00. Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Certificate of Sta Certified Copy (additional copy is e	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

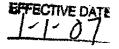
ARTICLE I - Name: The name of the Limited Liability Company is:
Franchise Baller, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
4436 Wesley Drive 4436 Wesley Drive Tallahassee, FL 32303 Tallahassee, FL 32303
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature. (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual of another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Askia A. Jones Name 10 11 12 13 15 15 16 17 17 18 19 19 10 10 11 11 12 13 14 15 16 17 18 18 19 19 10 10 10 11 11 12 13 14 15 15 16 17 17 18 18 18 18 18 18 18 18
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

đ 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



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 Me	mber ,
MGR	Troy Baxter, Sr. R.O. Box 180324
MGR	Tallahassee, FL 32308 Askia A. Jones 4436 Wesley Drive Tallahassee, FL 32303
	·
(Use attachment if necessar	y)
	der than the date of filing: January 1, 2007. (OPTIONAL) date must be specific and cannot be more than five business day of filing.)
<u>REQUIRED</u> SIGNATUR	E:
(In accordance of this document that the	ova member or an authorized representative of a member
Filing Toons	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Artic of Registered Ages \$ 30.00 Certified Copy (Op \$ 5.00 Certificate of Statu	otional)