

LD8000050081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

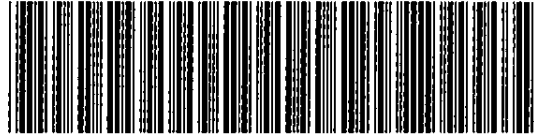
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/19/08--01018--004 **125.00

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08 MAY 19 PM 1:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. Miller MAY 20 2008

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

BML Holdings, LLC

Enclosed is the original and one copy of the Articles and a check in the amount of 125.00 which represents the filing fee for a Limited Liability Company. Please return the enclosed additional copies to me with the filing date stamped on it.

FROM Strategic Corporate Services Plus, Inc.

849 East Aultman Street

Ely, NV 89301

1-866-310-7269
(Telephone)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BML Holdings, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

813 W 129th Ave

Tampa, FL 33612

Tampa

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 or another business entity with an active Florida registration.)

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

Brenda G. Lyle

Name

813 W. 129th Ave

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

Tampa

FL

33612

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Brenda G. Lyle

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

813 W. 129th Ave

Tampa, FL 33612

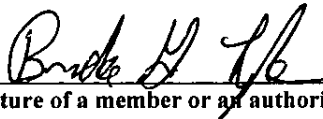
Brenda G. Lyle

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Brenda G. Lyle

Typed or printed name of signee

FILED
08 MAY 19 PM 1:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)