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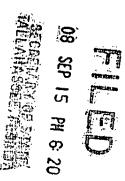
	Barbara Brown 2256 NW Jork Rd. Stuart, JL 34994 idress)	,
	auress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		
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Office Use Only



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Biz 2 Babs "LLC"			
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")	71		
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited			
Liability Company is:			
Principal Office Address: Mailing Address:	d) _{گۇر}		
2256 N.W. FORK RO. 2256 N.W. FORK & STUART, FLORIDA STUART, FL.34	\$		
STUART FLORIDA STUART FL.34	794		
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			

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

individual or another

business entity with an active Florida registration.)

BARBARA A. BROWN

2256 NW FORK RD.

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

City, State, and Zip

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

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 Member		
"MGC"	BARBARA A. BROWN	
	2256 NW FORK RD	
	STUREL, 12.34994	
		
	(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da	ate of filing: $\frac{9/12/88}{}$	
ARTICLE V: Effective date, if outer than the da	(OPTIONAL)	
(The effective date: 1) cannot be prior to not		
document is filed by the Florida Department		
the effective date listed in the attached Cerdate is listed therein.)	tincate of Conversion, if an effective	
date is listed the emy	5	
REQUIRED SIGNATURE:		
Backson I.	Shown 50	
Signature of a member or an auth		
•		
(In accordance with section 608.40	8(3), Florida Statutes, the execution mation under the penalties of perjury	
that the facts state	ed herein are true.)	
RADRIDA	A. BROWN	
Typed or printer	d name of signee	
-5 F-4 01 F-4		

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)

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