

08-25-2008

01:38

FROM

GRAY ROBINSON

863 688-9771

P.00004

012

L08000091274

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000223377 3)))



H080002233773ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GRAY ROBINSON, P.A.
Account Number : I20000000092
Phone : (863) 284-2200
Fax Number : (863) 688-9771

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BS OF LAKELAND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

08 SEP 25 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP 25 A 8:31

FILED

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

SEP 26 2008

EXAMINER

H08000223377 3

ARTICLES OF ORGANIZATION

OF

BS OF LAKELAND, LLC

The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is BS OF LAKELAND, LLC.

ARTICLE II

PRINCIPAL OFFICE

The mailing address of the principal office of the Limited Liability Company is 2704 Tenoroc Mine Road, Lakeland, Florida 33805, and the street address of the principal office of the Limited Liability Company is 2704 Tenoroc Mine Road, Lakeland, Florida 33805.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the filing of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

H08000223377 3

2008 SEP 25 A 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H08000223377 3

ARTICLE V

MANAGEMENT

The Limited Liability Company is to be manager-managed. The name and address of the Initial Manager is:

Brenda G. Swilley
2704 Tenoroc Mine Road
Lakeland, Florida 33805

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

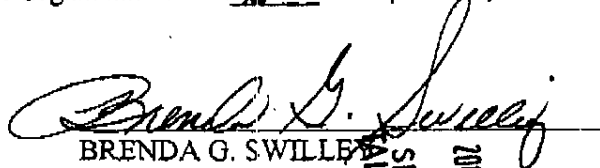
The street address of the initial registered office of the Limited Liability Company is 2704 Tenoroc Mine Road, Lakeland, Florida 33805, and the name of the initial registered agent of the Limited Liability Company at that office is Brenda G. Swilley.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Initial Manager, has executed these Articles of Organization this 25th of September, 2008.


BRENDA G. SWILLEY

H08000223377 3

FILED
2008 SEP 25 A 2 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000223377 3

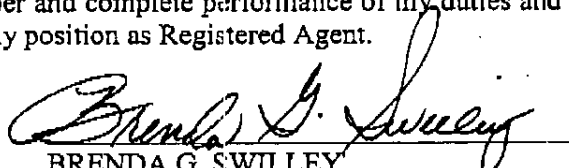
**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is BS OF LAKE LAND, LLC.
2. The name and street address of its initial Registered Agent and initial Registered Office are:

BRENDA G. SWILLEY
2704 Tenoroc Mine Road
Lakeland, Florida 33805

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.


BRENDA G. SWILLEY
Date: September 25th, 2008

H08000223377 3

2008 SEP 25 A 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED