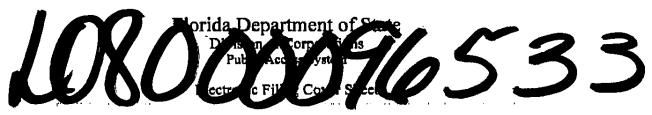
Division of Corporations

. . 🛱

Page 1 of 1



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.

(((H08000234935 3)))



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

Division of Corporations

Fax Number : (850) 617-6383

Account Name : HUBCO

Account Number : 104662003400 : (516)935-3940 er : (516)935-3088 Phone

Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bazzi and Associates L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

D. BRUCE

OCT 14 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H08000234935

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

F	LORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name The name of the Limited Liability Co	ompany is: Bazzi and Associates L.L.C.			
ARTICLE II - Address The mailing address and street addre	ess of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
143 Ocean Cay Way	143 Ocean Cay Way	V 11V-1		-
Hypoluxo, FL 33462	Hypoluxo, FL 33462		•	-
ARTICLE III - Registered A The name and Florida street address	Mary T. Bazzicalupo Name 143 Ocean Cay Way (P.O. Box or Mail Drop Box NOT Acceptable) Hypoluxo, FL 33462	SECRETARY OF STATE TALLAHASSEE, FLORIDA	08 OCT 13 AH 8:37	.זררס
at the place designated in this cer capacity. I further agree to compl	(City / State / Zip) agent and to accept service of process for the above stated limited tificate, I hereby accept the appointment as registered agent and ag y with the provisions of all statutes relating to the proper and comp th and accept the obligations of my position as registered agent as	gree to act lets perfo	in thi rmane	is ce

H08000234935

Registered Agent's Signature - MATY

H08000234935

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	Mary T. Bazzicalupo - 143 Ocean Cay Way, Hypoluxo, FL 33462
·	
(Use attachment if necessary)	
REQUIRED SIGNATURE:	

Signature of a member or authorized repleasatative 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.)

Mary T. Bazzicalupo

Typed or printed name of signee

08 OCT 13 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA