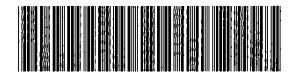
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COVER LETTER

TO: Registration of Division of	on Section f Corporations					
SUBJECT:	BAB	Rescreening, L.L.C.				
		ted Liability Company				
The enclosed Article	es of Organization and fee(s) are	submitted for filing.				
Please return all cor	respondence concerning this ma	ter to the following:				
	Ber	njamin A. Bishop				
		Name of Person				
Production of the Production o	BAB F	Rescreening, L.L.C.				
		Firm/Company				
	5927	Angus Valley Dr.				
	Address					
	Wesley Chapel, FL 33544					
	City/State and Zip Code					
babrescreening@gmail.com E-mail address: (to be used for future annual report notification)						
For further informat	ion concerning this matter, pleas	e call:				
	njamin Bishop	at (813) 956-4297				
Na	ame of Person	Area Code & Daytime Telephone Number				
Enclosed is a chec	k for the following amount:					
]\$ 125.00 Filing Fe	ee ✓ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Con	ipany is:	,
	BAB Res	screening, L.L.C.	
(M	ust end with the words "Lir	nited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - A	ddress:		
The mailing addre	ss and street address	of the principal office of the Limite	d Liability Company is:
Principal Office	Address:	Mailing Address:	
5927 Angus Vall Wesley Chapel,		same	
(The Limited Liability C business entity with an	company cannot serve as its active Florida registration.)	egistered Office, & Registered Ago own Registered Agent. You must designate an s of the registered agent are:	individual or another
	Beni	amin Arik Bishop	JUL 20 CRETARY LAHASS
		Name	20 P
	5027	Angus Valley Dr.	सुन 🗷 🜃
		iress (P.O. Box <u>NOT</u> acceptable)	2: J
			ATE A
	Cit	pel, FL ty, State, and Zip	D ' '
liability compa registered agent a statutes relating	iny at the place design and agree to act in this to the proper and con igations of my position	nt and to accept service of process for mated in this certificate, I hereby access capacity. I further agree to comply implete performance of my duties, and in as registered agent as provided for the material of the materi	ept the appointment as with the provisions of all I I am familiar with and

(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 N	Name and Address: 1ember
MGR	Benjamin A. Bishop 5927 Angus Valley Dr. Wesley Chapel, FL 33544
(Use attachment if neces CLE V: Effective date, if of effective date is listed, the days after the date of file	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pri
REQUIRED SIGNATU	
Signatu	re of a member or an authorized representative of a member.
of this	re of a member or an authorized representative of a member. rdance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated herein are true.)
	Benjamin Arik Bishop
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)