## LU9UUV117463

(Re	equestor's Name)	
. (Address)		
(Ad	ldress)	<u>, , , , , , , , , , , , , , , , , , , </u>
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PICK-UP	☐ WAIT	MAIL
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**EXAMINER** 

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BIZNET	SELVICES	220
	37	

## OOK 10 PA V. W.

	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
,	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Requested by:  Name  Date  Time	Fictitious Owner Search
	Vehicle Search
	Driving Record
	UCC 1 or 3 File
	UCC 11 Search
Time Pate Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name: The Name of the Limited Liabilit	ty Company is:	10 000 10 00 00 00 00 00 00 00 00 00 00
	Biznet Services, LLC	
(Must end with the	words "Limited Liability Company	'," "L.L.C.," or "LLC")
ARTICLE II – Address: The mailing address and street ad	ddress of the principal office of th	ne Limited Liability Company is:
Principal Office A	vddress:	Mailing Address:
220 East S.R. 436 Casselberry, FL. 3		220 East S.R. 436 Casselberry, FL. 32707
ARTICLE III- Registered Agent, (The Limited Liability Company canno entity with an active Florida Registration		Agent's Signature: ou must designate an individual or another business
The name and the Florida street a	address of the registered agent are	<b>:</b>
-	Chris Peterson	
_	220 East S.R. 436 Florida street address (P.O. Box NOT a	acceptable)
_1	Casselberry, FL. 32707	

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.

City, State and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing ! The Name and address of each Manager of	, ,
Title: "MGR"=Manager "MGRM"= Managing Member	Name and Address:
MGR	Chris Peterson 220 East S.R. 436
<u>MGRM</u>	Casselberry, FL. 32707  Scot Peterson 220 East S.R. 436 Casselberry, FL. 32707
(Use Attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be To or 90 days after the date of the filing.)	ne date of the filing:(OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a men	nber or an authorized representative of a member.
of this document that the facts state	h section 608.408(3), Florida statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)  Deterior  De
Filing Fees:	
\$125.00 Filing Fee for Articles of Organization at of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	nd Designation