

L100000061844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

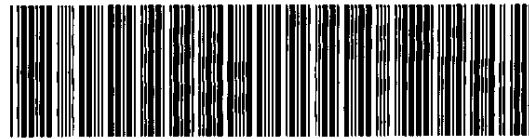
Special Instructions to Filing Officer:

**L. SELLERS**

JUN - 9 2010

**EXAMINER**

Office Use Only



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06/07/10- -01003--025 \*\*160.00

10 JUN -7 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BSN-OLA Enterprise LLC.**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Akinola  
Name of Person

\_\_\_\_\_  
Firm/Company

558 Cloudcroft Drive  
Address

Deltona FL 32738  
City/State and Zip Code

nolasimbo@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noble Olasimbo, AICP at ( 386 ) 747-6023  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BSN-OLA Enterprise LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

Benjamin Akinola  
558 Cloudcroft Drive  
Deltona FL 32738

P. O. Box 5431  
Deltona FL 32728

**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 individual or another business entity with an active Florida registration.)

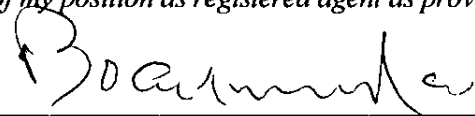
The name and the Florida street address of the registered agent are:

Benjamin Akinola  
Name

558 Cloudcroft Drive  
Florida street address (P.O. Box **NOT** acceptable)

Deltona FL 32738                      FL  
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)

**FILED**  
19 JUN - 7 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

Managing Member

Benjamin Akinola

558 Cloudcroft Drive

Deltona FL 32738

Managing Member

Noble Olasimbo, AICP

2768 Foxdale Drive Deltona FL 32738

Managing Member

Adesola Gbadamosi

1790 Bavon Drive

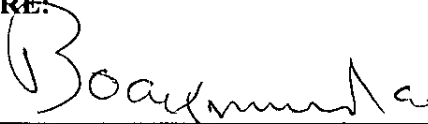
Deltona FL 32725

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative 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.)

Benjamin Akinola

Typed or printed name of signee

**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)**