

L 116VVUU 49247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

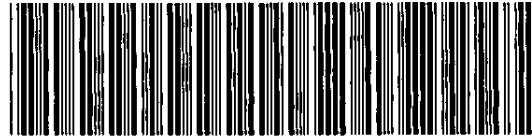
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600200465736

04/27/11--01001--005 **155.00

NOT ENTERED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 APR 26 PM 3:25

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 PM 3:50

B. KOHR

APR 26 2011

EXAMINER

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

April 26, 2011

FILED
SECRETARY OF STATE
11 APR 26 PM 3:50
TALLAHASSEE, FLORIDA

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Business Continuity Management Professionals, LLC**

Dear Madam/Sir:

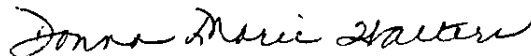
Enclosed are an original and one copy of the Articles of Organization for **Business Continuity Management Professionals, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

☐ \$125.00	☐ \$130.00	☒ \$155.00	☐ \$160.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy enclosed)	Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

h:\edr\bcmp\profs llc\ltr\lrs ltr 20110426 bcmp llc arts.doc
020304.110477

**ARTICLES OF ORGANIZATION
OF
BUSINESS CONTINUITY MANAGEMENT PROFESSIONALS, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Business Continuity Management Professionals, LLC.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

3785 Chanticleer Court
Tallahassee, Florida 32311-3626

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

DYLAN RIVERS
123 South Calhoun Street
Tallahassee, Florida 32301-1517

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

s/Dylan Rivers
DYLAN RIVERS, Registered Agent

FILED
SECRETARY OF STATE
11 APR 26 PM 3:50

**ARTICLE 4.
Management**

The Limited Liability Company shall be managed by its Member and is, therefore, a Member-managed company.

SHANE MOLINARI, MGRM

3785 Chanticleer Court
Tallahassee, Florida 32311-3626

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 26th day of April, 2011.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

s/Shane Molinari

SHANE MOLINARI, Member