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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL .	
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(Document Number)			
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J. SAULSBERRY EXAMINER

OCT 21 2011

## **COVER LETTER**

TO:	Registration of	on Section Corporations		
SUBJE	ECT: Bett	er Biometrics L.L		
		Name of Lir	ited Liability Company	
The en	closed Article	es of Organization and fee(s) a	e submitted for filing.	
Please	return all corr	espondence concerning this m	atter to the following:	
	Michae	l Mizell		
		,	Name of Person	-
			Firm/Company	
	6306 C	harleston Pl		
·			Address	ALL:
[	Dunwood	dy, GA 30338		ZIII OCT 20 SEGRETARY FALLAHASSE
	hetterhior	netrics@gmail.com	ity/State and Zip Code	<u> </u>
-	DOTTO! DIO!		for future annual report notification	E.F.
For furt	her informati	on concerning this matter, ple	se call:	8: 57 STAFE LORIDI
Micha	ael Mizell		at (404 ) 488-710	. <b>₽</b> * 08
	Na	me of Person	Area Code & Daytime	Telephone Number
Enclos	ed 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:				
Better Biometrics, LLC					
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	ability Co	mpany	is:	
Principal Office Address:	Mailing Address:				
7077 Glenwood Dr	6306 Charleston Pl				
Boynton Beach, FL 33436	Dunwoody, GA 30338				
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the Daryl Walton  National Parks   Daryl Glenwood	egistered Agent. You must designate an individue registered agent are:  me  Dr	SECRETARY OF STATE	9   0CT 20 AM 8: 57	i.	
	address (P.O. Box <u>NOT</u> acceptable)	, <del>727</del> ,			
Boynton Beach City,	FL 33436 State, and Zip				
Having been named as registered agent and a liability company at the place designated i registered agent and agree to act in this capa- statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the city. I further agree to comply with performance of my duties, and I am	e appointn the provis 1 familiar v	nent as ions of with an	all	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

_	itle: MGR" = Manager		Name and Address:			
	MGRM" = Managii	ng Member				
М	GRM		Michael Mizell			
			6306 Charleston Pl Dunwoody, GA 30338	<del></del>		
			Dullwoody, GA 30336			
<u>N</u>	/IGR		Daryl Walton	<b></b>	2	
			7077 Glenwood Dr	— Fig.		
			Boynton Beach, 33436	<del></del>	8	·\
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D	<u>EQUIRED</u> SIGNA	ATTIDE:				
77	EQUIRED SIGNA	ATORE.				
			( )			
	Sig	mature of a member of	an authorized representative of a memb			
	(In accordar constitutes	nce with section 608.408( an affirmation under the r	<ol> <li>Florida Statutes, the execution of this openalties of perjury that the facts stated her</li> </ol>	locument rein are true.		
	I am aware	that any false information	submitted in a document to the Department	ent of State		
		a mira degree lelony as pi Aichael Mizell	rovided for in s.817.155, F.S.)			
	ıv	MONACI WILES				

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)

Typed or printed name of signee