Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000391123)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

FLORIDA LIMITED LIABILITY CO.

B&BATHLETICS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Help

FEB 21 2013 J. BRYAN

ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Mailing Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

business entity with an active Florida registration.)

ARMANDO MARTINEZ

Name

234 NW 48 CT

Plorida street address (P.O. Box NOT acceptable)

Miami FL 33126

City, State, and Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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)

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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.)

(In accordance with section 608 408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalticist of perjury that the facts stated herein are true. I am aware that any false information substituted in a document to the Department of State

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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