#L/4000083996

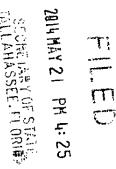
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special menerations to 1 ming embon.
WHI 27161 NOT AVEIL

Office Use Only



300259091413

04/25/14--01022--010 **130.00



K. SALY EXAMINER MAY 2 3 2014



May 1, 2014

MICHAEL BATISTO 3677 NW 124 AVE. CORAL SPRINGS, FL 33065

SUBJECT: 2B INVESTMENTS LLC Ref. Number: W14000027461

We have received your document for 2B INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L10000038614 "2B INVESTMENTS, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 814A00009289

COVER LETTER

TO:		tration Section on of Corporations			
		213 DEVELOP	ers +	INVESTMENTS, LL	2
SUBJE	ECT:	20 1NV63/191	W/S		
	***			ted Liability Company	
The end	closed A	articles of Organization and	l fee(s) arc	submitted for filing.	
Please	return a	Il correspondence concerni	ng this mat	tter to the following:	
		MIC	HAEL	BATISTO Name of Person	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				Name of Person	
		2B VEVELOPER	3411	IVESTMENTS, LLC	
		ED INVEST	HAGUIS		<u> </u>
				Firm/Company	
		3677 NU	124	Address	
				Address	
		CORAL SA	21N65	ry/State and Zip Code CONSULTING, COM for future annual report notifica	
			Cit	ty/State and Zip Code	
		mbatisto @	10200	ONBULTING.COM	
•		E-mail address: (to be used	for future annual report notifica	tion)
For fur	ther info	ormation concerning this m	atter, pleas	se call:	
Λ	11CHF	EL BATISTO	at (954 805 - 10 ZC Area Code Daytime Tel)
		Name of Person		Area Code Daytime Tel	ephone Number
Enclos	éd is a c	heck for the following amo	ount:		
\$125.0	0 Filing	Fee S130.00 Filing	Fee & Status —	\$155.00 Filing Fee &	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporation P.O. Box 6327	าร	Street/Courier Adda Registration Section Division of Corporat Clifton Building	
		Tellahaggaa El 22214		2661 Evecutive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	-	DEVELO F	ERS +INV	ESTMENTS, LLC
2B-INVEZ	Must end with the words "Limit	ed Liability Co	OMPANY, "L.L.C.,"	BSTMENTS, LLC NTS AND DEVELO or "LLC.")
ARTICLE II - Addr The mailing address a	ress: and street address of the principal	office of the	Limited Liability Co	ompany is:
Principal Office Add	lress:	Mailing	Address:	
3677 NW 17 COPAL SPRING	ZA AVE. 65, FL 33065	367 COLA	7 NW 124, L-SPRINGS, F	AVE. -1.33065
(The Limited Liability another business entited	istered Agent, Registered Offic y Company cannot serve as its ov ty with an active Florida registration or ida street address of the register	vn Registered tion.)		esignate an individual or
	_	_		FILED PK 4: 25
	MICHAEL BAY 151. Nat	ne		37 5 =
	661 6LENWOOD 4	_N,		2 2
	Florida street address (P.O. E		ptable)	SEET OF PR
	PLANTATION City	FL	33317 Zip	Pos F
	City		Zip	25 DRIE
the place designate capacity. I further	as registered agent and to accept ted in this certificate, I hereby acc agree to comply with the provision I am familiar with and accept the Ch Registered Agent's Sig	eept the appoint of all statute obligations of apper 605, F.S.	ntment as registered es relating to the pro my position as regis 	agent and agree to act in this oper and complete performance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager 	MICHAEL BATISTO
Mol	PLANTATION, FL 33317
	PLANTATION, EC 33317
	HARL BLAU
	190B NW 77 AVE. MARGATE, FL 33063
	
(Use attachment if necessary)	
EV: Effective date, if other than the date	ate of filing: (OPTIONAL)
EV: Effective date, if other than the date to date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dative date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
(Use attachment if necessary) EV: Effective date, if other than the decetive date is listed, the date must be of filing.) EVI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dective date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dictive date is listed, the date must be filling.) EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dictive date is listed, the date must be f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or
E V: Effective date, if other than the dictive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or
EV: Effective date, if other than the dictive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to or Landau and cannot be more than five business days prior to or member or an authorized representative of a member.
EV: Effective date, if other than the dictive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a signature of a constitutes an affirmation unconstitutes are affirmation unconstitutes.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nader the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the dictive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a graduate of	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
E V: Effective date, if other than the descrive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation up I am aware that any false interest constitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document nader the penalties of perjury that the facts stated herein are true.

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)

Page 2 of 2