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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO. BUBIT LLC

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

2014 AUG 26 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 27 2014

CLINE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUBBIT LLC

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

ARTICLE II - Address:

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

Principal Office Address:

9012 OGILVIE DRIVE
ORLANDO FLORIDA 32819

Mailing Address:

9012 OGILVIE DRIVE
ORLANDO FLORIDA 32819

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:

VICTORIA MORCHON

Name

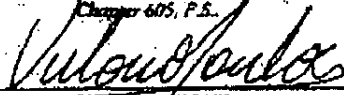
9012 OGILVIE DRIVEFlorida street address (P.O. Box NOT acceptable)ORLANDO

City

FL 32819

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 605, F.S.



Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

VICTORIA MORCHON

9012 OGILVIE DRIVE

ORLANDO FLORIDA 32819

AMBR

JOSE FRANCISCO PRINCEZ

9012 OGILVIE DRIVE

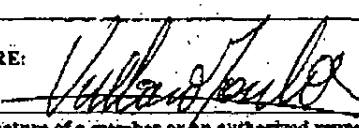
ORLANDO FLORIDA 32819

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 21, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 30 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**


 Signature of a member or an authorized representative of a member.
 (In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

VICTORIA MORCHON

Typed or printed name of signer

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)

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