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(Requestor's Name)

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(City/State/Zip/Phone #)

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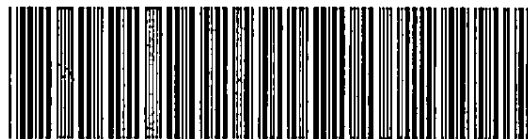
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB 26 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 01 2018

February 22, 2018

New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: BAT-ZONE, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Herman R. Barnes, D.C.
490 Wilson Road
LaBelle, FL 33935

E-mail address: NRZT@Bat-Zone.com

For further information concerning this matter, please call:

Linda Jo Coombs at (863) - 234-1230.

Enclosed is a money order for the following amount:

\$160.00 Filing Fee, Certificate of Status and Certified Copy.

Sincerely,



Herman R. Barnes, D.C.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAT-ZONE, LLC

ARTICLE II - Address:

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

Principal Office Address: 490 Wilson Road
 LaBelle, FL 33935

Mailing Address: 490 Wilson Road
 LaBelle, FL 33935

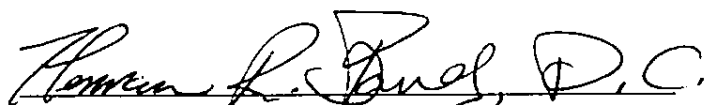
ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature

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

Herman R. Barnes, D.C.
490 Wilson Road
LaBelle, FL 33935

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TALLAHASSEE, FLORIDA

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

ARTICLE IV -

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

Title:	Name and Address:
AMBR	Herman R. Barnes, D.C. 490 Wilson Road LaBelle, FL 33935
AMBR	Linda Jo Coombs 490 Wilson Road LaBelle, FL 33935



This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Herman R. Barnes, D.C. Authorized Member

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