

**LP000049962**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*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.****BBM Ent LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is:

BBM Ent LLC

ARTICLE II: Address

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

1965 Ann Arbor Ave

Tallahassee, FL 32304

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE

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

John Ilory

1965 Ann Arbor Ave

Tallahassee, FL 32304

Having been named as registered agent 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.

X /s/ John Ilory

John Ilory

/ Registered Agent's Signature

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR: John Ilory

1965 Ann Arbor Ave

Tallahassee, FL 32304

AMBR: Marise Ilory

1965 Ann Arbor Ave

Tallahassee, FL 32304

ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

X / s / John Ilory

John Ilory

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.)

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