

L21000533925

Florida Department of State

Division of Corporations

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Division of Corporations

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

ERICACA9@GMAIL.COM

Email Address: _____

FLORIDA LIMITED LIABILITY CO.**DR. BABE, LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DR. BABE, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7052 CYPRESS BRIDGE DRIVE SOUTH
PONTE VEDRA BEACH, FL 32082

7052 CYPRESS BRIDGE DRIVE SOUTH
PONTE VEDRA BEACH, FL 32082

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:

ERICA JOY SIEGEL

Name

7052 CYPRESS BRIDGE DRIVE SOUTH

Florida street address (P.O. Box **NOT** acceptable)

PONTE VEDRA BEACH FL 32082

City

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)

ERICA JOY SIEGEL

(CONTINUED)

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