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Division of Corporations

**L220000524254**

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097

Phone : (727)279-5037

Fax Number : (727)888-1294

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

Email Address: Support@flpatellaw.com**FLORIDA LIMITED LIABILITY CO.****Babazo, LLC**

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**BABAZO, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the limited liability company is: Babazo, LLC (the "Company").

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

7512 Dr. Phillips Blvd  
STE 50-249  
Orlando, Florida 32819

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the florida street address of the Registered Agent are:

FLP RA Services LLC  
360 Central Avenue  
Suite 800  
St. Petersburg, FL 33701

*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.*



(sign)

\_\_\_\_\_  
FLP RA Services LLC

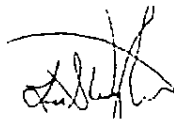
**ARTICLE IV.**  
**Authorized Members and Managers**

The name and address of each person authorized to manage and control the limited liability company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
MGR	Lee Wiglesworth 7512 Dr. Phillips Blvd STE 50-249 Orlando, Florida 32819
MGR	Christine Wiglesworth 7512 Dr. Phillips Blvd STE 50-249 Orlando, Florida 32819

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

**Signature of a Member or an Authorized Representative of a Member.**

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.

Lee Wiglesworth

Authorized Representative/Member

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