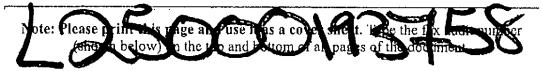
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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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.

Address:	
	Address:

FLORIDA LIMITED LIABILITY CO. **BIG BEAR COMPANY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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To: ,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Big Bear Company LLC

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

ARTICLE II - Address:

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

Principal Office Address: 1951 NW SOUTH RIVER DRIVE APT 1412

MIAMI, FLORIDA 33125

Mailing Address:

1951 NW SOUTH RIVER DRIVE

APT 1412

MIAMI, FLORIDA 33125

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:

DIANA C. NINO

Name

1951 NW SOUTH RIVER DRIVE, APT 1412 Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33125

City, State, and 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 profided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

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To:

ARTICLE IV-	Manager(s)	or Managing	Member(s)
	D \ '		

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Managex

Name and Address:

"AGRM" = Authorized Member

AMBR

DIANA C NINO 1951 NW SOUTH RIVER DRIVE APT 1412 MIAMI, FLORIDA 33125

ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if Any:

None

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

In accordance with section 605,0203(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 sware 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.

> DIANA CININO: Typed or printed name of signee