

**L02000032302**

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY****B & L ENTERPRISE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**L02-32302**  
OK

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: B & L Enterprise LLC

**ARTICLE II: Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1970 NE 153 Street, Bay 6, North Miami Beach, FL 33162

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

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

Luis Salom

Name

1970 NE 153 Street, Bay 6,

Florida street address (PO Box NOT acceptable)

North Miami Beach, FL 33162

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 provided for in Chapter 608, F.S.

  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV – Management (Check box if applicable.)**

     The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Luis Salom  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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