## Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

## HTED LIABILITY COMPANY

-bng, l.l.c.

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

Esteric Fire Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BNG, LL.C.	
ARTICLE II - Address: The mailing address and street address of the pri	ocipal office of the Limited Liebility Company is:
Principal Office Address:	Malling Address:
3002 NE 5th Terrace	3002 NE 5th Terrace
#107B	# 107B
Wilton Monors, Fl 33334	Wilton Manors, F1 33334

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Neil	Mor			
		Name		
3002	NE:	5th Te	riace	#107B
Flan	ida etroce po	idress (P.O. B	OX NOT week	ouble)
Wilton	Mar	1005	FLORIDA Zio	33334
	C	ty, 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, Florida Statutes.

Mal Moreio
Registered Agent's Signature

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Page 1of 2 (CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MERM	Neil Morris 2002 NE 5th Terroce # 107 B
	Wilton Manois, FI 33334
MERM	Bryan Pardee
	WHEN MONOIS FI 33334
MERM	Sustaf Amoldsson
	1250 Lincold Road Apt 501 Momit Pl 33139
	•
(Uso attachment if necessary)	*

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Sunnes, the execution of this document constitutes an aithmestion under the penalties of perjuty that the faces visited herein are true.)

Neil Morris Typed or printed truthe of algues

Filing Vacco

\$108.00 Filing Fee for Articles of Organization

3 25.00 Designation of Registered Agent

\$ 30,00 Certified Copy (Optional)

I 5.00 Certificate of Status (Optional)

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rege 2 of 2