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(Address)

(Address)

(City/State/Zip/Phone #)

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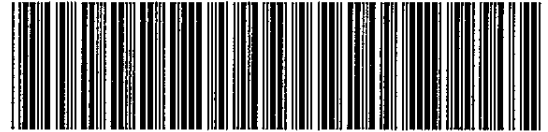
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B-EZ, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELISSA E. AUGUSTIN  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

11011 NW 17 MANOR  
(Address)

CORAL SPRINGS, FLORIDA 33071  
(City/State and Zip Code)

For further information concerning this matter, please call:

MELISSA E. AUGUSTIN at ( 954 ) 295-1153  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|--|--|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I- NAME**

The name of the limited liability company shall be B-EZ, LLC (hereinafter referred to as "Company").

**ARTICLE II- ADDRESS**

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

**Principal Office Address:**

11491 NW 39<sup>th</sup> Street, Coral Springs, Florida 33065-7226

**Mailing Address:**

11491 NW 39<sup>th</sup> Street, Coral Springs, Florida 33065-7226

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

Ms. Rachel E. Bonnaig  
11491 NW 39<sup>th</sup> Street  
Coral Springs, Florida 33065-7226

*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

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#### ARTICLE IV- MANAGER(s) OR MANAGING MEMBER(s):

The Company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization. The names and addresses of the members of the Company are:

##### NAME

##### ADDRESS

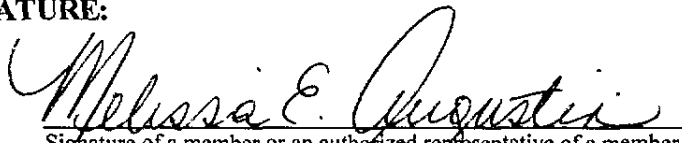
Melissa E. Augustin  
Rachel E. Bonnaig  
Judith M. Bonnaig

11011 NW 17<sup>th</sup> Manor, Coral Springs, FL 33071  
11491 NW 39<sup>th</sup> Street, Coral Springs, FL 33065  
11491 NW 39<sup>th</sup> Street, Coral Springs, FL 33065

#### ARTICLE V-EXISTENCE

The Company shall commence its existence on the date these Articles of Organization is filed with the Florida Department of State.

##### REQUIRED SIGNATURE:

  
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.)

MELISSA E. AUGUSTIN  
Typed or printed name of signee

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