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(R	equestor's Name)	
(Address)		
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(C	ity/State/Zip/Phone #)
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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SECRETARISEE FLORIDA

SECRETARISEE FLORIDA



TRANSMITTAL LETTER

TO: Registration Se Division of Co							
SUBJECT: Bing Ente							
	(Name of Limite	ed Liability Comp	any)				
The enclosed Articles of	f Organization and fee(s) are s	submitted for filin	g.				
Please return all corresp	ondence concerning this matte	er to the following	; :				
Joan W.	Tomlinson						
	(1	Name of Person)		· _ · _ · _ · _ · _ · · · · · · · · · ·			
Albertelli & Associate	es, P.C.						
	(Firm/Company)					
5200 Belfort	t Rd., suite 250						
		(Address)					
Jacks	onville, FL 3220 7- 32.25	Sart.					
	(City/	State and Zip Code)				
For further information of	concerning this matter, please	call:			SECI	2005 JAN 19	-3
Joan W. Tomlinson		at (_904	296-4755		AET/	AN	1
(Name	of Person)	(Area Cod	e & Daytime To	lephone Number)	SSE SSE	0	
Enclosed is a check fo	r the following amount:				OF ST	₩	
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S \$155.00 Fi Certified Copy (additional copy	y	☐ \$160.00 F Certificate of Certified Copy (additional copy	Status &		
	ET ADDRESS:		MAILING AI				
	Registration Section Registration Section Division of Corporations Division of Corporations						

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	:a.
The name of the Limited Liability Company	is:
Bing Enterprises, LLC	
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4564 Rosewood Ave.	4564 Rosewood Ave.
Jacksonville, FL 32207	Jacksonville, FL 32207
The name and the Florida street address of the Albertelli & Associates, P.O.	
Albertelli & Associates, 1.0	'•
Na	me
	me Zo S
5200 Belfort Rd, Suite 250	SEC TALL
5200 Belfort Rd, Suite 250 Florida street	address (P.O. Box NOT acceptable) ACCEPTABLE AT A A A A A A A A A A A A A A A A A A
5200 Belfort Rd, Suite 250 Florida street Jacksonville, FL 32256	address (P.O. Box NOT acceptable) FL TALE SECRETARY AND TACCEPTABLE THE SECRETARY THE SECRE
5200 Belfort Rd, Suite 250 Florida street Jacksonville, FL 32256 City, Sta Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	TALL TALL
5200 Belfort Rd, Suite 250 Florida street Jacksonville, FL 32256 City, Sta Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	address (P.O. Box NOT acceptable) FL te, and Zip to accept service of process for the above stateddimited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Marianne M. Altman
	4564 Rosewood Ave.
	Jacksonville, FL 32207
MGR	Chandler T. Altman
	4564 Rosewood Ave.
	Jacksonville, FL 32207
	——————————————————————————————————————
(Use attachment if necessary)	
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	
1 111	7 AFEC TAPEC

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.)

Joan W. Tomlinson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)