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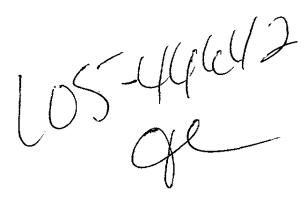
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TRANSMITTAL LETTER

A MARIANTE E PER E ERRE
TO: Registration Section Division of Corporations
SUBJECT: Bed ford Futerprises, 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:
Arthur Gavrilov (Name of Person)
(Firm/Company)
83 Nicole Coop (Address)
Staten Island, N. V. 10301 (City/State and Zip Code)
For further information concerning this matter, please call:
Arthur Gave, lov at 646 235-8404 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S125.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	18:
Bed Ford	Enterprises, LLC
ARTICLE II - Address:	·
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	83 Nicole Cop & Staten Island, N.X. 10301 red Office, & Registered Agent's Signature:
The name and the Florida street address of the Eduard Na	sh nay der
	EMING CT
× 27 F4	<u>-11/1/6 </u>
	address (P.O. Box NOT acceptable)
Florida street	address (P.O. Box NOT acceptable) AST, FL 3Q/37 te, and Zip

×

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

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Arthur Garrilor 83 Nicole Coap Staten Feland, 11, 4, 103
· · · · ·	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
1-	Hum Garrela
x la	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Signature of a member	r or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
Art	Plur Gavrilov ped or printed name of signee
1 y _i	ben or brunen nume or 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)