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COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: BES	SHOPS (Name of Limite	LCC d Liability Company)			
The enclosed Articles of O	rganization and fee(s) are s	ubmitted for filing.			
Please return all correspond	dence concerning this matte	r to the following:			
MARY	LEE CAR	TER			
	C	Name of Person)	22 23		
BES	T SHOPS,	LLC	006 FE		
			#U/9 5		
1170	5 BOYE	TTE ROAD 9	#409 9 99		
		(Address)	್ಷ (೫)		
RIV	IERVIEW, I	FC 33569	: 22		
RIVERVIEW, FC 33569					
For further information con Mary a (Name of	ecerning this matter, please WARYLE (Person)	call: E CARTER) at (8/3) 621-480 (Area Code & Daytime To	00 vs 8/3-672-4066 elephone Number)		
Enclosed is a check for the following amount:					
	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
]	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEST SHOPS, LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11705 BOYETTE ROAD#46 RIVERVIEW, FC 33569	9 11705 BOYETTE RD #409 RIVERVIEW, FC 33569
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
MARY LEE CAN	
	BIRCH DRIVE ress (P.O. Box NOT acceptable)
RIVERVIEW	FL 33569
City, State, a	nd 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

2-7-06

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 MARY LEE CARTER 12525 RIVERBIRCH DR RIVERVIOU, FC. 33549 MGRM ROBERT A. BAUGHMAN 37 HEMWEWAY ST. WINCHESTER, MA 01890 PM 32

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>O2 07 06</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Mary Le Carler
Signature of a nember 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.)

MARY LEE CARTER

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)

SECRETARY OF STATE
RATION

Do you expect to have \$1,000 or less in employment tax liability for the calendar year? ☐ Yes ☐ No. (If you expect to pay \$4,000 or less in wages, you can mark yes.) 14 Check one box that best describes the principal activity of your business. ☐ Health care & social assistance ☐ Wholesale-agent/broker ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Other (specify) 15 Indicate principal line of merchandise sold, specific construction work done, products produced, or servicee provided. 16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☐ Note. If "Yes," please complete lines 16b and 16c. 16b If you checked "Yes," on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 a Legal name ➤ FORTIME INTERIOR ☐ Trade name ➤	3 No. 1545-0003	SS-4 Application for Employer Identification Number	Form
Department of the firewary See separate instructions for each line. Keep a copy for your records. 1 Legal name of entity (or individual) for whom the EIN is being requested 1 Legal name of entity (or individual) for whom the EIN is being requested 1 Legal name of entity (or individual) for whom the EIN is being requested 1 Legal name of business (if different from name on line 1) 3 Executor, administrator, frustee, "care of" name 1 Legal name of business (from, apt., suite no. and street, or P.O. box) 3 Executor, administrator, trustee, "care of" name 1 Legal name of principal officer, general partner, grantor, owner, or trustor 3 Executor, administrator (Street a P.O. box.) 1 Legal name of principal officer, general partner, grantor, owner, or trustor 3 Existe (SSN of decodent) 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business is located 5 County and state where principal business 5 County and state where principal business 5 County and state where principal business 5 County and state 5 County an		(For use by employers, corporations, partnerships, trusts, estates, churches, povernment agencies, indian tribal entities, certain individuals, and others.)	(Rev.
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18c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known Approximate date when filed (mo., day, year) City and state where filed Previous EIN		Approximate date when filed (mo., day, year) City and state where filed	18c
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	completion of this form.	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer question	
Third Designee's name Designee's telephone number (include at	slephone number (include area code)	·····	
Party () Designee Address and ZIP code Designee's fax number (include are) fax number (include area code)		
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and befief, it is true, correct, and complete. Applicant's telephone number (include a Name and title (type or print clearly) >	xeprione number (include area code)		
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