(Requestor's Name) (Address)	300070185313
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	300070185313 04/14/0601004001 **160.00
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M. HODGES

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COVER LETTER

TO:	Registration Se Division of Co.				
SUBJE	СТ:	3FP INVESTME (Name of Limite	ENTS, LLC, d Liability Company)		
The end	losed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please r	eturn all corresp	ondence concerning this matte	er to the following:		
-		IERRE RICHA	RD DENNERY Name of Person)		
			,		
-	BETTER FAMILY PRODUCTS, INC. (Film/Company)				
_	9		PIACE (Address)		
			(1.10000)		
-		HIALEAH.	FLORIDA 330, State and Zip Code)	10	
		City	/State and Zip Code)		
For furt	her information	concerning this matter, please	call:		
	RICHARD	DENNERY	at (315) 288 -	6727	
	(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclose	ed is a check fo	or the following amount:			
□ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compar	ny is:
BFP INVESTHENTS	"Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Company,	Ennited Company of their abbreviation LLC, of L.C.,)
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
989 SE 11 Place	SAME
HILEAH, FL. 330/0	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
RICHARD	DENNERY T
989 SE 11 PL	Harme Grant
	eet address (P.O. Box NOT acceptable)
HidleAH	FL 330/0 SA SA
	nd to accept service of process for the above stated limited

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

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:			
MGRM	PIERRE R. DENNERY 631 NW 207 TERRACE PEMBROKE PINES FL 33029			
MGRH_	PATRICIA B. RIVIERE 5174 NW 1/3 AVE MIAMI FI 33/78			
MGRM	FABRICE RIVIERE 5174 NW 113 AVE MIAMI, FL 33178			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior			
REQUIRED SIGNATURE:				
R///				
Signature of a member of an anthorized 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.)				
PIERKE Typ	LICHALD JENNERY ed or printed name of signee			
Filing Fees:	,			
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)				

Page 2 of 2