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1001 JAN 11 P 1: 46

SECRETARY OF STATE
PALLAHASSEE, FI TATE

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	BNC SALES	LLC d Liability Company)	
The enclosed Article	es of Organization and fee(s) are s		
Please return all corn	respondence concerning this matte	er to the following:	
	WILLIAM W	BOYNTON Name of Person)	
	(Name of Person)	
		(Firm/Company)	
	3405 MO	ONSTONE LAN (Address)	E 7
		(Address)	ECF
	MEL BOUR	NE. FL 3294	JAN RETA CHAS
	(City	NE, FL 3294 (State and Zip Code)	SEE -
For further informati	ion concerning this matter, please	cail:	1001 JAN 11 P 1: 116 ECRETARY OF STATE LLAHASSEE, FLORIDA
WILLIAM	W. BOYNTON ame of Person)	at (321) 288	-6483° -
(N	ame of Person)	(Area Code & Daytime I	elephone Number)
Enclosed is a check	k for the following amount:		
\$125.00 Filing F	ee \$\sum \$130.00 \text{ 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 Corporation Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Lin	ne: mited Liability Company is	:		
BNC (Must end with the words	SALES, LL "Limited Liability Company, "Limit	C. ted Company" or their abbreviation "LL	.C," or "L.C.,")	
ARTICLE II - Add The mailing addres		rincipal office of the Limited	Liability Com	pany is:
Principal Office A	ddress:	Mailing Address:		
3405 MOO MELBOURNE	NSTONE LANE FL 32940	3405 MOONS MELBOURNE, FL	70NE LAN 32940	Æ
(The Limited Liability Co		d Office, & Registered Agen stered Agent. You must designate an ind		
The name and the F	lorida street address of the		2001 JAN 11 SECRETARY TALLAHASSE	רוב
	Name	. BOYNTON	IAN I	
	3405 MOC	NSTONE LANE	RY O	m
		dress (P.O. Box NOT acceptable)	F ST	D
	MELBOURNE, City, State.	FL 32940 and Zip	JAN II P I: 46 RETARY OF STATE AHASSEE. FLORIDA	
liability compar	ed as registered agent and to ny at the place designated in	accept service of process for the this certificate, I hereby accept ty. I further agree to comply w	he above stated the appointme	nt as

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

		Name and Address:
"MGR" = Mar	_	
"MGRM" = M	lanaging Member	
MGRM		WILLIAM W. BOYNTON
	 	WILLIAM W. BOYNTON 3405 MOONSTONE LANE
	•	MELBOURNE, FL 32940
MCDM		CHERYL L. LEGERE
MGRM		3405 MOONSTONE LANE
		MELBOURNE, FL 34946
		TC:
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LE V: Effective	nt if necessary) /e date, if other than the	he date of filing: (OPTIC
LE V: Effective date is	ve date, if other than the	he date of filing: (OPTIC be specific and cannot be more than five business
LE V: Effective fective date is days after the	e date, if other than the	he date of filing: (OPTIC be specific and cannot be more than five business
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LE V: Effective fective date is days after the	ve date, if other than the listed, the date must date of filing.)	be specific and cannot be more than five business Will W. Boynt ber or an authorized representative of a member.
LE V: Effective date is days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a mem (In accordance with	be specific and cannot be more than five business Will W. Bourt ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury
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ARTICLE IV- Manager(s) or Managing Member(s):