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(Requestor's Name)		
(Address)		
(Address)		
` <i>,</i>		
(City/State/Zip/Phone #)		
(Only State Elph Holle II)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: BFP TRADING LLC. (Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	PIERRE R. DENNERY OR PATRICIA RIVIERE (Nampof Person)
	BFP TRADING LLC (Firm/Company)
	989 SE 11 Place
	HiALEAH FLORIDA 33010 (City/State and Zip Code)
For furt	ther information concerning this matter, please call:
PiE	RRE RICHARD DENNERY at (305) 888-6727 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
] \$125.0	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building Tallahassee, FL 32314 Street/Courier Address Registration Section Clifton Building Tallahassee, FL 32314

4.2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:	1		
BFP TRANING LLC. (Must end with the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Comp	any i	is:
Principal Office Address:	failing Address:		
989 SE Place HIALEAH, FL 33010	SAME		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	fice, & Registered Agent's Signature: Agent. You must designate an individual or another		E
The name and the Florida street address of the regis	stered agent are:	07	SE
PIERRE RICHAM	2) DENNELY	AUG 30	CRETA-
989 SE 11 P/A	CE) PH	
HIALEAH FI	Carlo / W	2: 41	
City, State, and Z	ıb		-Z

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' 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MER	PIERRE R. DENNERY
_HGR	PATRICIA RIVIERE 5174 NN 11310C Mianu, R 33178

(Use attachment if necessary)	8/12/07
ARTICLE V: Effective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

Signature of a member of 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.)

RE X. DENNERY
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)