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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	FCT. BCDT Sales, LLC	
SUBJI	BC1.	ited Liability Company)
The en	valoced Articles of Organization and facts) an	a submitted for filing
	aclosed Articles of Organization and fee(s) and	
Please	return all correspondence concerning this ma	atter to the following:
	Shannon M. Fitzpatrick	
		(Name of Person)
	Law Offices of Shannon M.	. Fitzpatrick
		(Firm/Company)
	219 SE Main Street, Suite	403A
		(Address)
	Minneapolis, MN 55414	
	(C	ity/State and Zip Code)
For fu	rther information concerning this matter, plea	se call:
Sha	nnon M. Fitzpatrick	_{at (} 612 ₎ 617-0378
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:	
\$125	.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Sidentificate of Status & 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	-Cal- min-in-1 -CC Cal- I in-ia-d I in-like Community
The mailing address and street address	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
329 Norman Ridge Drive	c/o Jim Thies
Bloomington, MN 55437	329 Norman Ridge Drive
	Bloomington, MN 55437
	egistered Office, & Registered Agent's Signature:
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.) The name and the Florida street addre	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as it business entity with an active Florida registration	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another s of the registered agent are: ohn Name
(The Limited Liability Company cannot serve as it business entity with an active Florida registration) The name and the Florida street addre Stephen M. C	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another as of the registered agent are: Ohn Name
(The Limited Liability Company cannot serve as it business entity with an active Florida registration) The name and the Florida street addre Stephen M. Company Country Stephen M. Country St	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another as of the registered agent are: Ohn Name
The Limited Liability Company cannot serve as in business entity with an active Florida registration. The name and the Florida street addre Stephen M. Company Country Stephen M. Country Ste	egistered Office, & Registered Agent's Signature: sown Registered Agent. You must designate an individual or another so of the registered agent are: Ohn Name erg, Leach and Cohn PL a street address (P.O. Box NOT acceptable)
The Limited Liability Company cannot serve as in business entity with an active Florida registration. The name and the Florida street addre Stephen M. Company Country Stephen M. Country Ste	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another as of the registered agent are: Ohn Name

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)

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:
MGR	Robert James Thies
	329 Norman Ridge Drive
	Bloomington, MN 55437
MGR	Kenneth John DeMarco
	113 W. Maple Tree Drive
	Westampton, NJ 08060
MGR	Paul Joseph Bronikowski
	10181 Horseshoe Circle
	Clarkston, MI 48348
MGR	Michael Allen Cohn
* 1	1070 Windsor Street
	Salt Lake City, UT 84105
(Use attachment if necessary) RTICLE V: Effective date, if other than the configuration of the faction of the date is listed, the date must be confidenced as factions.)	date of filing: April 15, 2008 . (OPTIONAL) especific and cannot be more than five business days prior
• • • • • • • • • • • • • • • • • • •	TAL SE
REQUIRED SIGNATURE:	CRETE LAHAR
~//	
Many	1 4 hather Tho ?
Signature of a member	r or an authorized representative of a member.
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)