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(F	Requestor's Name)	
(A	address)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only

G. MCLEOD

AUG 2 1 2008

EXAMINER



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08/20/08--01008--012 **185.00

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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: BC5 SOCIENCED SOLUTIONS, LLC (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Hurea Heraanden
BC3 Society Solutions, LLC
13/70 SW 128 St. St. 104
William F/ 33186
(City, State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) At (780) 242- 4084 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion and Certificate of Status Status Status Status \$185.00 Filing Fees and Certified Copy Certified Copy Certificate of Status Certificate of Status
STREET ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: 13170 SW 128 St. 3to 104 LUULU F1 33180		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	_	
The name and the Florida street address of the registered agent are: Hernically H811 Sw 130 PL Florida street address (P.O. Box NOT acceptable) Hilliam FL 33186	08 AUG 20 AM 11: 56	THE CONTROLLED
City, State, and 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 an familiar with and accept the obligations of my position as negistered agent as provided for in

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of-Conversion, if an effective date is listed therein.) REQUIRED SIGNATURE Signature of a member 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.)

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)

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