

L08000088849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

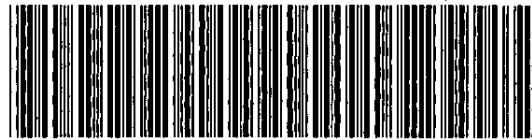
Special Instructions to Filing Officer:

A. LUNT

SEP 18 2008

EXAMINER

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2008 SEP 17 P 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

September 15, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Subject: US1BP, LLC

Dear Sir or Madam:

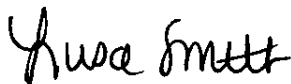
The enclosed Articles of Organization and fees are submitted for filing and a certified copy. Please return all correspondence concerning this matter to the following:

Lisa Smith
271 Old Moody Boulevard
Palm Coast, Florida 32164

For further information concerning this matter, please call:
Lisa Smith (386) 437-4699.

Thank you for your prompt attention to this matter.

Sincerely,



Lisa Smith

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - The name of this limited liability company is:

US1BP, LLC

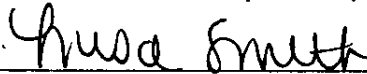
Article II - The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing and Principal Office
271 Old Moody Boulevard
Palm Coast, Florida 32164

Article III - Registered Agent, Registered Office, and Registered Agent's Signature:

Lisa Smith
271 Old Moody Boulevard
Palm Coast, Florida 32164

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 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

Article IV - Managing Member:

Lisa Smith
271 Old Moody Boulevard
Palm Coast, Florida 32164

REQUIRED SIGNATURE:



Signature of member or an authorized representative member
Lisa Smith

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