

**LO9000077489**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346**FILED**  
09 AUG 11 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****BIS CONCEPTS, LLC**

Certificate of Status	0
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**D. BRUCE**  
AUG 12 2009  
**EXAMINER**

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EFFECTIVE DATE 8/10/09**RECEIVED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BIS CONCEPTS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

7525 ADVENTURE AVENUE

NORTH BAY VILLAGE

FL 33141

**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:

THE SOLANO GROUP PA

Name

782 NW 42ND AVE # 328

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33126

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

*YOUNDA SOLANO*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

MGRM

BETH F. SHAFTAL

7525 ADVENTURE AVENUE

NORTH BAY VILLAGE, FL 33141

MGRM

ISAACA A. SHAFTAL

7525 ADVENTURE AVENUE

NORTH BAY VILLAGE, FL 33141

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Aug 10, 2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Beth Shaftal  
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.)

BETH F. SHAFTAL

Typed or printed name of signee

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