L09000113288

(Requestor's Name)
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SECRETARY OF STATE
TALL AHASSEF FLORIDA

M. THOMAS

NOV **2 5** 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T: BS ENTERPRISES, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclo	osed Articles of Organization and fee(s) are submitted for filing.	
Please ref	turn all correspondence concerning this matter to the following:	
	GIA STARE	
	Name of Person	
	BS ENTERPRISES, LLC	
	BS ENTER PIZISES, LLC Firm/Company	
	18107 GLENMOOR DRIVE	
_		
	WEST PALM BEACH, FL 3340	
	City/State and Zip Code ATA SST SST SST SST SST SST SST SST SS	
-,,,	E-mail address: (to be used for future annual report notification)	
For further	E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ORETA	GIA STARE at (561) 317 - 8377 Name of Person Area Code & Daytime Telephone Number	
Enclosed	d is a check for the following amount:	
□\$125.0 0	Filing Fee \$\int_{\text{\$130.00 Filing Fee}} \& \int_{\text{\$155.00 Filing Fee}} \& \int_{\text{\$160.00 Filing Fee}} \\ \int_{\$160.0	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ORIDA DEPARTMEN

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2009

GIA STARE 18107 GLENMOOR DRIVE WEST PALM BEACH, FL 33409

SUBJECT: BS ENTERPRISES, LLC

Ref. Number: W09000050657

We have received your document for BS ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000123045.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Division of Corporations - P.O. BOY 6327, Tallahassaa, Florida 32314

Letter Number: 309A00035744

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BSGS - ENTERPRISES	3, LLC
(Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18107 GLEN MOOR DRIVE	18/07 GLEWIM DOR DRIVE WEST PALM BEACH, FL 33409
WEST PHILPT BEHCH, +2 33409	WEST PALFT DESCRIPTE 33409
3000 TUXEDO	egistered agent are: NYEWPRISES, INC. PRISES, INC. PRIS
WEST PARM BAYCH City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page Pof2

ARTICLE I	V- Manager(s) or Managing	Member(s):

The name and address of each Manager or Managing Member is as follows:

	<u>Title:</u> "MGR" = Manager	Name and Address:		
	"MGRM" = Managing Member			
	<u>SAŠO BEKE</u> R	K107 ELWMOOR DRI WEST PALM BENCH, F	<u>iVE</u> <u>L 33</u> 409	
	GIA STARE	18107 GLEWMOOR DR WEST PARM BEATE, TO	10E 233400	
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			OV 25 /	
				[]
	(Use attachment if necessary)		1: 16	السر بسة
(If an	CLE V: Effective date, if other than the da effective date is listed, the date must be spoon days after the date of filing.)	· · · · · · · · · · · · · · · · · · ·	(OPTIONAL) isiness days pri	or
	REQUIRED SIGNATURE:	12 Sou 0		
	Signature of a member o	r an authorized representative of a member.		
	(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)		
		SIA STARE		
	Filing Fees:	d or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)