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COVER LETTER

	stration Section ion of Corporations
SUBJECT: _	BIS HE BIJ Concessions, UC Name of Limited Liability Company
The enclosed A	Articles of Organization and fee(s) are submitted for filing.
Please return al	Il correspondence concerning this matter to the following:
	LEE SNOWDEN
	Name of Person
	Firm/Company
	3609 Unele Glour Rd
	Address
	TALLAHASSEE FE 32512
	Address TALLAHASSEE, FR. 32S12 City/State and Zip Code LSNOWDEN 64 C. Cancest. Net
*********	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
105	N(W) N(N) 339 1633 EG =
<u> </u>	Name of Person at (850) 339-1633 FG Area Code & Daytime Telephone Number 25
,	check for the following amount:
\$125.00 Filing	Fee \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$160.00}\$ Filing Fee, Certificate of Status & Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Street/Courier Address Registration Section
	Division of Corporations P.O. Box 6327 Clifton Building

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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, "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: 38/3 N. Munro-e 67
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:
Name 3609 Unels Glover Rd Florida street address (P.O. Box NOT acceptable) INVAHASSE FL 32312
TAVA HASSE FL 32312 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
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 MGRM	Name and Address: HArry M SnowDen
MG-RM	JAMAHASSEE, FZ 32308 LEE MONDEN 3609 Unell Glaw Rd TAMAHASSEE, FZ 32312
	2011 MAR SECRETA
(Use attachment if necessary)	-9 AM ID: SSEE, FLOR

REQUIRED SIGNATURE:

Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

y M SNOWDEN

Typed or printed name of signe

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)