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Division of Corporations

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Florida Department of State
Division of Corporations
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L. SELLERS

JUN - 2 2011

EXAMINER

To:

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

From:

Account Name : HARPER, KYNES, GELLER, GREENLEAF & FRAYMAN, P.A.
Account Number : 070651000745
Phone : (727) 799-4840
Fax Number : (727) 797-8206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jack@harperkynes.com

RECEIVED
11 JUN - 1 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
BGJP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
11 JUN - 1 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - NAME

The name of the Limited Liability Company is: BGJP, LLC

ARTICLE II - ADDRESS

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

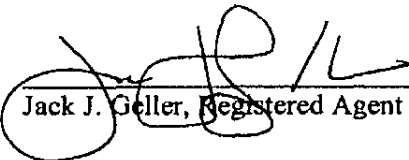
1860 N. Ft. Harrison Ave.
Apt. 402
Clearwater, FL 33755

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Jack J. Geller
1860 N. Ft. Harrison Ave.
Apt. 402
Clearwater, FL 33755

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.



Jack J. Geller, Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and, therefore, a manager - managed company.

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ARTICLE V - MANAGERS

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

Title:

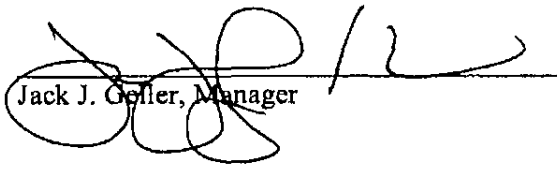
Name and Address:

Manager

Jack J. Geller
1860 N. Ft. Harrison Ave.
Apt. 402
Clearwater, FL 33755

Manager

Robert Veurink
1860 N. Ft. Harrison Ave.
Apt. 401
Clearwater, FL 33755



Jack J. Geller, Manager

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.

Jack J. Geller

Typed or printed name of signee

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