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Florida Department of State  
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FLORIDA LIMITED LIABILITY CO.  
Business Enhancement Solutions, LLC

Certificate of Status	0
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T. HAMPTON

Aug 10 2011

EXAMINER

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**  
In compliance with Chapter 608, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

**BUSINESS ENHANCEMENT SOLUTIONS, LLC**

**ARTICLE II ADDRESS**

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

**8632 WOODBRIAR DRIVE  
SARASOTA, FLORIDA 34238**

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

**CONCETTA BIBENS  
8632 WOODBRIAR DRIVE  
SARASOTA, FLORIDA 34238**

Having been named as registered agent 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.

x 

**CONCETTA BIBENS / Registered Agent's signature**

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (OPTIONAL)**

MANAGING MEMBER  
CONCETTA BIBENS  
8632 WOODBRIAR DRIVE  
SARASOTA, FLORIDA 34238

MANAGING MEMBER  
MELFORD BIBENS  
8632 WOODBRIAR DRIVE  
SARASOTA, FLORIDA 34238

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x *Concetta Bibens*

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.

CONCETTA BIBENS

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