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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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**FLORIDA LIMITED LIABILITY CO.
BM GOULDS, LLC.**

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EXAMINER

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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE
44 NE 16th Street
Homestead, Florida 33030
305-247-7132
Florida Bar No. 435910

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2012 FEB 22 AM 8:00
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
BM GOULDS, LLC.

ARTICLE I:

The name of this limited liability company shall be: BM GOULDS, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

MAILING ADDRESS:
11607 SW 216 STREET
MIAMI, FL 33170

PHYSICAL ADDRESS:
11607 SW 216 STREET
MIAMI, FL 33170

ARTICLE III:

The name of the registered agent for BM GOULDS, LLC, is as follows:

MD MASUD KARIM
11607 SW 216 STREET
MIAMI, FL 33170

ARTICLE IV:

This limited liability company shall be a member-managed company and shall be managed by two member managers.

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ARTICLE V:

The initial members of BM GOULDS, LLC, shall be:

MOUSFICA MOSTAFA, as to a 50% interest
6209 SPRING LAKE TERRACE
FORT PIERCE, FL 34951

MD MASUD KARIM, as to a 50% interest
625 EAST PALM DRIVE, APT. #203
FLORIDA CITY, FL 33034

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ARTICLE VI:

The initial managing members shall be:

MOUSFICA MOSTAFA(MGRM)
6209 SPRING LAKE TERRACE
FORT PIERCE, FL 34951

MD MASUD KARIM(MGRM)
625 EAST PALM DRIVE, APT. #203
FLORIDA CITY, FL 33034

DATED this 22nd day of February 2012.

Moustica Mostafa
MOUSFICA MOSTAFA, Managing Member

Md. Masud Karim
MD MASUD KARIM, Managing Member

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
OF
BM GOULDS, LLC**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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.

DATED this 22nd day of February, 2012.

MD Masud Karim
MD MASUD KARIM
Registered Agent
11607 SW 216 STREET
MIAMI, FL 33170

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