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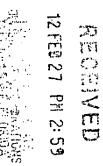
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SECRETARY OF STATE
TALLAHASSEF FF THE

J. SAULSBERRY EXAMINER

FEB 2 7 2012

# **COVER LETTER**

TO: Registration So Division of Cor						
SUBJECT: BG	R BOD T	Party imited Liabili	ty Company	LC		
The enclosed Articles of	Organization and fee(s) a	are submitted	for filing.	•		
Please return all correspo	ndence concerning this n	matter to the	following:			
Greyal	d Barne	eS Name of	Person			<del></del>
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		Firm/Co	npany			
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	E-mail address: (to be use	sed for future a	nnual report notification	1) ;	F.S.	<del>_</del> යු ්
For further information co	oncerning this matter, ple	ease call:		•	RIDA ADA	=
Gerald	Barnes Person	at (_ <b>8</b>	150 408 Area Code & Daytime T	2487	<u> </u>	
Enclosed is a check for	the following amount:	:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	.00 Filing Fee & ified Copy is enclosed)	\$160.00 Fil Certificate of Certified Co (additional co	of Status opy	&
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns .	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

Bis Boo Partitude Lability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

Principal Office Address:

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

**Mailing Address:** 

All Kameson DR 210 Kameson DR Montice110, FL 32344 Montice110, Fl		
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 of the business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    The name and the Florida street address of the registered agent are:	2012 FEB 27 PM 3: 14	

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	Name and Address:	
MGRM	Gent Barness Mantice 10 H 32344	-
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(Use attachment if necessary)		-
effective date is listed, the date must	te date of filing: (OPTION be specific and cannot be more than five business de	
0 days after the date of filing.)		
REQUIRED SIGNATURE:	·	

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. 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.)

Typed or printed name of signee

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)