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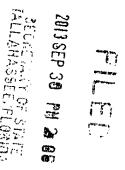
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COVER LETTER

TO: 'Registration Section Division of Corporations	
SUBJECT: BAPPE LIVE LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JENNIFER E. HINNERS	
Name of Person	
Firm/Company	
2100 BLACK LAKE BLVD.	
Address	ī
· · · · · · · · · · · · · · · · · · ·	
WINTER GARDEN, FL 34787 City/State and Zip Code jennifer hinners @ amail. com E-mail address: (to be used for future annual report notification)	i mass i
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JENNIFER HINIUERS at (305) 586-2517 Name of Person Area Code & Daytime Telephone Number	
Name of Ferson Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building	

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:

ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
ZIOO BLACK LAKE BLVD. WINTER GARDEN, FL	2100 BLACK LAKE BLVD. WINTER GARDEN, FL 34787	
WINTERGARDEN	registered agent are:	
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated ling this certificate, I hereby accept the appointment sity. I further agree to comply with the provision to performance of my duties, and I am familiar very state agent as provided for in Chapter 608, and I am familian were stated agent as provided for in Chapter 608, and I am familian were stated agent as provided for in Chapter 608, and I am familian were stated agent as provided for in Chapter 608, and I am familian were stated agent as provided for in Chapter 608, and I am familian were stated as a provided for in Chapter 608, and I am familian were stated for in Chapter 608, and	as ns of vith

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGR JENNIFER E. HINNERS 2100 BLACK LAKE BLVD. WINTER GARDEN, FL 3478	WINTER GARDEN, FL 34+8	WINTER GARDEN, FL 34+8	"MGR" = Manager "MGRM" = Managing Member	Name and Address:
	10 1 10 10 10 10 10 10 10 10 10 10 10 10		MGR	JENNIFER E. HINNERS 2100 BLACK LAKE BLVD. WINTER GARDEN, FL 3478

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.)

JENNIFER E. HINNERS

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)