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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	,
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		***
SUBJECT: B7 Solutions LL	.C	
	ame of Limited Liability Company	
The enclosed Articles of Organization as	nd fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Gabriel Forray		
	Name of Person	
B7 Solutions LLC		
	Firm/Company	
1121 S. Military Tra	nil #364	
	Address	
Deerfield Beach, FL 3	33442	
	City/State and Zip Code	
gforray@gmail.com	s: (to be used for future annual report notification)	
For further information concerning this	•	
Gabe Forray Name of Person	at (469) 223-6568	28 C
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following	g amount:	
\$125.00 Filing Fee \$130.00 Filing Certificate	of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
Mailing Add Registration S Division of C P.O. Box 632 Tallahassee,	Registration Section Corporations Division of Corporations Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

B/ Solu	(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")		
	(Musi one with the Words Di	mice Busing Company, B.B.C., or BBC.		
ARTICLE II The mailing ac		of the principal office of the Limited Lia	ibility Compa	ny is:
Principal Off	ice Address:	Mailing Address:		
1121 S. Militar		1121 S. Military Trail #364		
Deerfield Beac	ch, FL	Deerfield Beach, FL		
33442		33442	ζ_1	
(The Limited Liabi business entity wi	lity Company cannot serve as its th an active Florida registration.	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individual of the registered agent are:	dual of another	Market Control of the
	Registered Age	ents Inc.	M D: 59	1 "
		Name		* bagg and
	3030 N. Roc	ky Point Dr. STE 150A		
	Florid	a street address (P.O. Box NOT acceptable)		
	Tampa	_{FL} 33607		
		City, State, and Zip		
liability co	ompany at the place desig	nt and to accept service of process for the c mated in this certificate, I hereby accept th is capacity. I further agree to comply with	e appointment	t as

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Dan Keen-President

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

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

MGR	Gabriel Forray	
	1121 S. Military Trail #364	
	Deerfield Beach, FL 33442	
MGR	Andrea Forray	
	1121 S. Military Trail #364	
	Deerfield Beach, FL 33442	
	***************************************	- 1 - 1 - 1
		£
(Use attachment if necessary)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	e date of filing: January 15, 2014	(OPTIONA

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.)

Gabriel Forray

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)