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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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05/22/14--01011--001 **125.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BNP ENTERPRISES GROUP LL Name of Lir	nited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
WILLIAM N PECHONIS	Name of Person
BNP ENTERPRISES GROUP LLC	Firm/Company
5106 CHIPPER CT	Address
OCOEE FL 34761	City/State and Zip Code
CULPEPPER70@HOTMAIL.COM E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, ple	ease call:
WILLIAM N PECHONIS at (Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum \$125.00\$ Filing Fee \$\text{Certificate of Status}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations 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:	
BNP ENTERPRISES GROUP LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5106 CHIPPER CT OCOEE FL 34761	5106 CHIPPER CT OCOEE FL 34761
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
WILLIAM N PECHONIS	
Name	
5106 CHIPPER CT Florida street address (P.O. Box)	NOT acceptable)
OCOEE	<u>FL 34761</u> Zip
City	Zıp
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in ex 605, F.S
(m	63
Registered Agent's Signat	
(CONTINUI	
Page 1 of 2	

AMBR" = Authorized Member MGR" = Manager PRESIDENT WILLIAM N PECHONIS 5106 CHIPPER CT. OCOEE FL. 34761 Use attachment if necessary) V. Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen 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.) WILLIAM N PECHONIS Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	•	uthorized to manage and control the Limited Liability Co	
WILLIAM N PECHONIS 5106 CHIPPER CT OCOEE FL 34761 Use attachment if necessary) V: Effective date, if other than the date of filing: cive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen 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.) WILLIAM N PECHONIS Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u> Citle:</u>	Name and Address:	
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