#7200 P.001/003

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Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019

Phone : (305) 552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. B N J ENTERPRISES LLC.

Certificate of Status	11
Certified Copy	. 0
Page Count	03
Estimated Charge	\$130.00

:

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	is:
BNJ Enterprises	LLC.
(Must end with the worlds "Limited Lie	ability Company, "L.L.C.," or "LLC.")
ARTICLE H - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7211 SW 12874 AUE	7211 5W 128TH AVE
Miami, FC 33183	MIAMI FL 33183
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Christo doulakis 7211 SW 128TH AVE.
Florida street address (P.O. Box NOT acceptable)

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 GCFF.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

tle:	Name and Address:
MGR* = Manager AGRM* = Managing Member	•
MGR.	MIRIAM CHRISTOBOULAKIS
	7211. SW 128TH AUE
	MIAMI, EL 33183
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(Use attachment if necessary)	
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Rective date is listed, the date me days after the date of filing.) REOURED SIGNATURE:	an the date of filing:
REQUIRED SIGNATURE: Signature of a (In accordance with sections)	member or an authorized representative (a member.
RECUIRED SIGNATURE: (In accordance with sections titures an affirmatic	member or an authorized representative (a member.