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SECRETARY OF STATE TALLARY SEP 14 PINIZ: 18

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COVER LETTER

Name: Navjot Gill

Address: 5889 S Williamson Blvd #1416, Port Orange FL 32128

Daytime Telephone number: 386-872-5094

COVER LETTER

	ation Section n of Corporations
SUBJECT:	BMANAV LLC
	Name of Limited Liability Company
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	NAVJOT GILL
	Name of Person
	Firm/Company
	5889 S WILLIAMSON BLVD #1416
	Address
	PORT ORANGE, FL 32128
	City/State and Zip Code Info D acc4Life.com
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call: 386 872 - 5094
	NAV at (COM) COMMON C
	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$125.00 Filing F	See \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Street Address New Filing Section New Filing Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	BMANAV, LLC		
(Must end v	vith the words "Limited Liability Comp	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the Limi	ed Liability Company is:	
<u>Princips</u>	d Office Address:	Mailing Address:	
4645 S C	LYDE MORRIS BLVD#407	4645 S CLYDE MO	RRIS BLVD#407
PORT ORAN ARTICLE III - Registered Age	nt, Registered Office, & Registered A	PORT OR ANGE, FL.	<u>32129</u> ———
PORT OR AN ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registered A cannot serve as its own Registered Age	PORT OR ANGE, FL.	<u>32129</u> ———
PORT OR AN ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registered A cannot serve as its own Registered Agenctive Florida registration.) ddress of the registered agent are:	PORT OR ANGE, FL.	<u>32129</u> ———
PORT OR AN ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registered A cannot serve as its own Registered Ageretive Florida registration.) ddress of the registered agent are: Navjot Gill Name	PORT OR ANGE, FL gent's Signature: t. You must designate an individual	SEURETARY FALLAHASSI 15 SEP 14
PORT OR AN ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registered A cannot serve as its own Registered Agenctive Florida registration.) ddress of the registered agent are:	PORT OR ANGE, FL gent's Signature: t. You must designate an individual	SEURETARY FALLAHASSI 15 SEP 14
PORT OR AN ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registered A cannot serve as its own Registered Agerctive Florida registration.) ddress of the registered agent are: Navjot Gill Name 5889 S Williamson Florida street address (P.O. Box NO	PORT OR ANGE, FL gent's Signature: t. You must designate an individual Blud #1416	SEURETARY FALLAHASSI 15 SEP 14
PORT OR AN ARTICLE III - Registered Age The Limited Liability Company nother business entity with an a	nt, Registered Office, & Registered A cannot serve as its own Registered Agestive Florida registration.) ddress of the registered agent are: Navjot Gill Name 5889 S Williamson	PORT OR ANGE, FL gent's Signature: t. You must designate an individual Blud #1416	<u>32129</u> ———

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	NAVJOT GILL
AMDK	5889 S WILLIAMSON BLVD #1416
	PORT ORANGE, FL 32128
MGR	MATTHEW J BELLINGER
	5889 S WILLIAMSON BLVD # PORT OKANGE, FL 32128
<u></u>	
E V: Effective date, if other than the	
of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does a ment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no nent of State's records.
LE V: Effective date, if other than the fective date is listed, the date must b of filing.) If the date inserted in this block does a ment's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will no nent of State's records.
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Department's effective date on the Department's Council of the date inserted in this block does a ment's effective date on the Department's effective date on the Depar	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no nent of State's records.
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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)