11000001448234

(Re	questor's Name)	
(Ad	dress)	
	•	
	dua a N	
DAJ	dress)	
(Cit	y/State/Zip/Phon	e #)
_		
PICK-UP	WAIT	MAIL
/Ru	siness Entity Nar	me)
(Bu	Silless Elluty Nai	110)
(Do	cument Number)	•
Certified Copies	_ Certificates	s of Status
	-	
Special Instructions to	Filing Officer:	
ļ		
L		

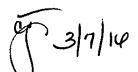




000282625250

02/26/16--01010--005 **125.00

16 FEB 26 PH 2: 2:



COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	Best Industries Group, LLC		
SUBJECT	Name of L	imited Liabilit	y Company
The enclos	ed Articles of Organization and fee(s) a	re submitted f	or filing.
Please retu	rn all correspondence concerning this n	natter to the fo	llowing:
	Evan Sauer		
		Name of F	erson
	Reda & Des Jardins, LLC		
		Firm/Con	pany
	736 N. Western Ave., Suite 353		
		Addre	SS
	Lake Forest, IL 60045		
	evan@rdlawyers.com	City/State and	Zip Code
-	E-mail address: (to be use	d for future an	nual report notification)
For further in	nformation concerning this matter, plea	se call:	
	Evan Sauer	877	809-4567, x3
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	Certifie	Stiling Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	! [(2	Itreet Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				FILED
The name of the Limited Liability	Company is:			16 FEB 26 PM 2: 23
Best Industries Group	LLC			DECLIFT MAY OF STATE - ALL AHALI EE, FLORIDA
	vith the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")	ALL ARASI EE, FLORIDA
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Addres	<u>s</u> :
463688 State Road 20	0		88 State Road 200	
Suite 1-210			1-210	<u> </u>
Yulee, Florida 32097		Yule	e, Florida 32097	
another business entity with an ac	_			
	463688 State Road 2			
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)	
	Yulee	Florida	32097	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the app ovisions of all statutes r igations of my position	ointment as registere elating to the proper	d agent and agree to act in and complete performance s provided for in Chapter 6	this capacity. I of my duties, and I
		(CONTINUED)		

Page 1 of 2

Title:		Name and Address:
	uthorized Member	
"MGR" = Mar	nager	m p 1
MGR		Thomas Boyda
		463688 State Road 200, Suite 1-210
		Yulee, Florida 32097
MGR		Edgar Kheneiser
		463688 State Road 200, Suite 1-210
		Yulce, Florida 32097
MGR		Brenda Radziwon
		463688 State Road 200, Suite 1-210
		Yulee, Florida 32097
MCD		Carrier Distance
MGR		Steven Rutstein
		463688 State Road 200, Suite 1-210
		Yulee, Florida 32097
ective date is I of filing.) the date insert	isted, the date must be sp	ecific and cannot be more than five business days prior to or seet the applicable statutory filing requirements, this date will not State's records.
ective date is I of filing.) the date insert ment's effective	isted, the date must be spoted in this block does not n	ecific and cannot be more than five business days prior to or some the applicable statutory filing requirements, this date will n
ective date is Infiling.) the date insertment's effective EVI: Other pr	isted, the date must be spated in this block does not not be date on the Department rovisions, if any. SIGNATURE:	neet the applicable statutory filing requirements, this date will not State's records.
ective date is Infiling.) the date insertment's effective EVI: Other pr	isted, the date must be spated in this block does not not be date on the Department rovisions, if any. SIGNATURE:	neet the applicable statutory filing requirements, this date will not State's records.
ective date is Infiling.) the date insertment's effective EVI: Other pr	isted, the date must be spated in this block does not not be date on the Department rovisions, if any. SIGNATURE: Signature of a part of this document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not State's records. Ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
ective date is Infiling.) the date insertment's effective EVI: Other pr	isted, the date must be spated in this block does not not be date on the Department rovisions, if any. SIGNATURE: Signature of a part of this document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not State's records. Ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of States.
ective date is Infiling.) the date insertment's effective EVI: Other pr	isted, the date must be spated in this block does not not be date on the Department rovisions, if any. SIGNATURE: Signature of a part of this document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not State's records. Ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes e information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
ective date is Infiling.) the date inserted in the date inserted in the date inserted in the date in t	isted, the date must be spated in this block does not not be date on the Department rovisions, if any. SIGNATURE: Signature of a part of this document is executed an aware that any false.	meet the applicable statutory filing requirements, this date will not State's records. Ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. EDEAR KHEWEISER Typed or printed name of signee
ctive date is I f filing.) the date insert nent's effectiv E VI: Other pr	isted, the date must be spated in this block does not not be date on the Department rovisions, if any. SIGNATURE: Signature of a match the document is executed am aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not State's records. Ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. EDGAR KHEWEISER Typed or printed name of signee Filing Fees:
ective date is Infiling.) the date insertment's effective E VI: Other present the present	isted, the date must be spated in this block does not not be date on the Department rovisions, if any. SIGNATURE: Signature of a match the document is executed am aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not State's records. Ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. EDEAR KHEWEISER Typed or printed name of signee

ARTICLE IV-

Page 2 of 2

as