Llucolludea

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

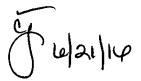




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COVER LETTER

	egistration Section vision of Corporations	
SUBJECT	BIN LLC	
SOBJECT	Name of Limited Liability Company	i.e
The enclos	ed Articles of Organization and fee(s) are submitted for filing.	
Please retu	n all correspondence concerning this matter to the following:	
	IVAN BARKOV	
	Name of Person	
	Firm/Company	
	115 E LAMBRIGHT ST	
	Address	
	TAMPA, FL 33604 City/State and Zip Code Ivan_barkov@yahoo.com E-mail address: (to be used for future annual report notification)	
	Ivan_barkov@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For further i	formation concerning this matter, please call:	
	Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	a check for the following amount:	
1 \$125.00 F —	Signature of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ıs &
		FILED FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			.
The name of the Elimited Elability	Company is:			FILED
	BIN L			16 JUN 11: PK 3.39
(Must end v	vith the words "Limite	d Liability Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Lir	nited Liability Company is:	· 是
<u>Principa</u>	l Office Address:		Mailing Addres	<u>ss</u> :
115 E Lam	bright St			
Tampa, Fl	bright St -33804			
(The Limited Liability Company another business entity with an action of the name and the Florida street a	ctive Florida registrati	on.)	gem, you must designate an indi	vidual or
	-		_KoV	
		Name		
	115 E L	ambrig	ht St OT acceptable)	
	Florida street addre	ss (P.O. Box 🛚	OT acceptable)	
	Tampa	<u> </u>	33604 Zip	
	City	State	Zip	
daving been named as registered a place designated in this certificate, arther agree to comply with the pro am familiar with and accept the obl	I hereby accept the apportine of all statutes in igations of all statutes in igations of my position.	pointment as regretating to the p	gistered agent and agree to act in roper and complete performance gen t as pr ovided for in Chapter 6 ignature (REQUIRED)	this capacity. I of my duties, and I
		Page 1 of	·2	

Title: "AMBR" = Auth		Name and Address:	
"MGR" = Manaş	ger	IVAN BARKO	V
AMBR		115 E Lambright Tampa, FL 3	ht St
		Tampa, fl 3	3604
			
(Use attachment	f nacoccara)		
(Ose attachment	Thecosury)		
ective date is lister of filing.) the date inserted nent's effective of	in this block does not mate on the Department of	of filing:	usiness days prior to or 9
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ARTICLE IV-

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