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BUREAU OF COMMERCIAL
INFORMATION SERVICES

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC
Account Number : I20110000086
Phone : (718)569-2703
Fax Number : (718)504-7890

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

Email Address: CONTACT@INTERSTATEFILINGS.COM

**FLORIDA LIMITED LIABILITY CO.
B & S GLOBAL ADVISORS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

MAR 22 2017
C Kinsey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B & S GLOBAL ADVISORS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2071 FLATBUSH AVE STE 166
BROOKLYN, NY 11234

2071 FLATBUSH AVE STE 166
BROOKLYN, NY 11234

ARTICLE III - Registered Agent, Registered 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:

INTERSTATE AGENT SERVICES, LLC

Name

1540 GLENWAY DRIVE

Florida street address (P.O. Box **NOT** acceptable)

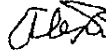
TALLAHASSEE FL 32301

City

State

Zip

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

BELEGRI BELEGRI
2071 FLATBUSH AVE STE 166
BROOKLYN, NY 11234

(Use attachment if necessary)

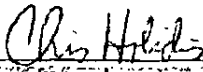
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member:

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

CHRIS HOLIDIS

Typed or printed name of signee



March 21, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERSTATE FILINGS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Verify the MGRMs name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H17000076597
Letter Number: 817A00005306

RESUBMISSION
PLEASE NOTE THE MGRM'S NAME IS
CORRECT: BELEGRIS BELEGRIS