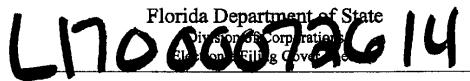
https://efile.sunbiz.org/scripts/efilcovr.exe



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: GEOFFREY M. WAYNE, P.A.

Phone

Account Number : 076770003401 : (305)381-8108

Fax Number

: (305)381-8109

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

Email Address: gn@abogadomiami.com

FLORIDA LIMITED LIABILITY CO. **B PLUS USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: BPLUS USA LLC

ARTICLE II- Address:

The mailing address of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

The street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Geoffrey M. Wayne 135 San Lorenzo Ave., PH 840 Coral Gables, FL 33146

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 approvided for in Chapter 605, F.S.

égistered Agent's Signature

MARIA PIA MALABET

ARTICLE IV - Management

AMBR/P

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

	CORAL GABLES, FL 33146
ARTICLE V - Effective date, if other than the date	of filing:
ARTICLE IV - Other Provisions, if any.	~
Scotfrey h. La Signature of a member or an aut	In athough Representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are the am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.)

Geoffrey M. Wayne
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

5.00 Certificate of Status (OPTIONAL)