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Special Instructions to	Filing Officer:
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## COVER LETTER

TO: New Filing Section Division of Corporations  SUBJECT: BESS Rinting L.L.C.  Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	८७ . ११४८च्या १४४४ . हिंद
Name of Person  30 Pink Green RD  Address	
Soprhoppy Fla 323555  City/State and Zip Code  Wirk TripleH56 a. G. Mail. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	S⊋ - अध्यक्ष अस्ति (- 28
Enclosed is a check for the following amount:  S125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing Address  New Filing Section  New Filing Section  Division of Corporations	

New Filing Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
30 P. SK COSEN RD	Sep. Flc. 32355
Sachopey Ma	
32.358	

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:

Street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

Name and Address: 'AMBR" = Authorized Member MGR" = Manager (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_ (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. WER WAR COM 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 Stateconstitutes a third degree felony as provided for in s.817.155. F.S. Typed of printed name of signee Filing Feesi. \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)