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Page: 2 of 5  
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Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

From: Paul Feldman

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To: Division of Corporations  
Fax Number : (850)617-6381  
  
From: Account Name : FELDMAN & ASSOCIATES  
Account Number : 120130000018  
Phone : (385)931-0433  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: paul@feldmanclosings.com

FLORIDA LIMITED LIABILITY CO.  
9250 BAY BSD II LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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2022 MAY 10 AM 8:02  
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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Division of Corporations

**FILED**

2022 MAY 10 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

9250 BAY BSD II LLC

(Must contain 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:

1820 Avenue M
Suite 601
Brooklyn, NY 11230

1820 Avenue M
Suite 601
Brooklyn, NY 11230

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:

Paul Feldman, Esq.

Name

2750 NE 185th Street, Suite 203

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

Aventura FL 33180

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.

[Handwritten Signature]
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:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGM

Yaakov Gold  
1820 Avenue M, Suite 601  
Brooklyn, NY 11230

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

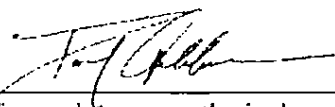
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Paul Feldman, Esq.

\_\_\_\_\_  
Typed or printed name of signor

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE, FL