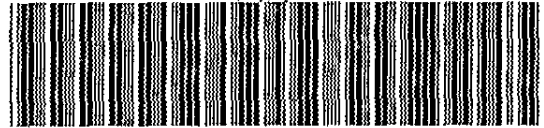


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STATE  
TALLAHASSEE, FLORIDA



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09/29/03--01055--011 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

FILED  
03 SEP 29 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** BRE, LLC  
(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:

Louis Berlin

(Name of Person)

BRE, LLC

(Firm/Company)

d/o Louis Berlin

19651 NE 19 Place

(Address)

Miami, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Louis Berlin

(Name of Person)

at ( 305 ) 778-7971

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
BRE, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

19651 NE 19 Place

Miami, FL 33179

**Mailing Address:**

C/O LOUIS BERLIN  
19651 NE 19 Place

Miami, FL 33179

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

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

Louis Berlin

Name

19651 NE 19 Place

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

Miami

FL

33179

City, State, and 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 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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03 SEP 29 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" - Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Louis Berlin

19651 NE 19 Place

Miami, FL 33179

MGRM

David Garfinkle

~~Louis Berlin~~ 1000 Sanibel Dr.

Hollywood, FL 33019

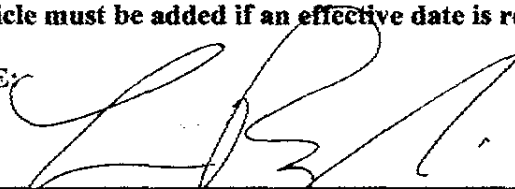
MGRM

David Garfinkle

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Louis Berlin

Typed or printed name of signer

**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)