

W4000070705

H04000193810

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

9/28 FLLC

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000193810 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : PROSKAUER ROSE LLP
Account Number : 074673001063
Phone : (561) 995-4751
Fax Number : (561) 241-7145

TALLAHASSEE FLORIDA

04 SEP 28 AM 8:39

FILED

MJH

LIMITED LIABILITY COMPANY

BIP - GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$153.00

Electronic Filing Menu

Corporate Filing

Public Access Help

RECEIVED
04 SEP 28 PM 2:05
DIVISION OF CORPORATION

H04000193810

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIP - GP, LLC

ARTICLE II - Address:

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

Principal Office Address:

1500 West Cypress Creek Road, Suite 409
Fort Lauderdale, FL 33309

Mailing Address:

1500 West Cypress Creek Road, Suite 409
Fort Lauderdale, FL 33309

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

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

Scott Brenner

Name

1500 West Cypress Creek Road, Suite 409

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

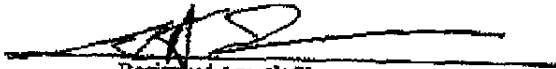
Fort Lauderdale

FLORIDA 33309

City, State, and Zip

FILED
04 SEP 28 AM 8:39
TALLAHASSEE, FLORIDA

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, Florida Statutes.


Registered Agent's Signature

H04000193810

H04000193810

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Scott Brenner

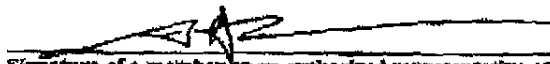
1500 West Cypress Creek Road, Suite 409

Fort Lauderdale, FL 33309

(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.)

Scott Brenner

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)

H04000193810