Division of Corporations

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Florida Department of State

Division of Corporations

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MJH

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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

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TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

BIP - GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

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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:	**Mailing Address:**
1500 West Cypress Creek Road, Suite 409 Fort Lauderdale, FL 33309	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

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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

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
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 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)