# 000074696

### Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305) 634-3694

Fax Number

: (305)633-9696

#### LIMITED LIABILITY COMPAN

#### Name Availability Document -DCC Examiner Undater Her a er istino.vledgement = 000

#### **BDK INVESTMENTS, LLC**

Certificate of Status	e e	
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Page Count	03	
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w. p. Verifyer



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BDK_INVES	STMENTS, LLC		
ARTICLE U - A		ncipal office of the Limited Liability Company is:	
	•		
Principal Office Address:		Malling Address:	
9655 SOOTH DIXIE HIGHWAY		SAMB	
3RD FLOOR			
MIANI, FL	33156		
ARTICLE DI - 1 The name and the	Registered Agent, Registered C Florida street address of the reg	Office, & Registered Agent's Signature: istered agent are:	
ARTICLE DI - 1	Registered Agent, Registered C Florida street address of the reg EMERY B. SHEER Name	Office, & Registered Agent's Signature: istered agent are:	
ARTICLE III - I	Florida street address of the reg	Office, & Registered Agent's Signature: istered agent are:  GIGHWAY, 3RD FLOOR	
ARTICLE III - I	Florida street address of the reg	EIGHWAY, 3RD FLOOR	
ARTICLE III - I	Florida street address of the reg  EMERY B. SHEER  Name  9655 SOUTH DIXIE	EIGHWAY, 3RD FLOOR  FLORIDA 33156	
The name and the green numed as regions at the place design act in this capacity.	EMERY B. SHEER  Name  9655 SOUTH DIXIE  Florida street address (P.O. E  MIAMI  City. State, and istered agent and to accept service mated in this certificate. I hereby I further agree to comply with the	EIGHWAY, 3RD FLOOR  fox MOI acceptable)  FLORIDA 33156  Zip  c of process for the obove stated limited liability accept the appointment as registered agent and the provisions of all statutes relating to this proper	######################################
The name and the one of the name and the one of the place design one of the place design one of the place design of the parties of the partie	EMERY B. SHEER  Name  9655 SOUTH DIXIE  Florida street address (P.O. E  MIAMI  City. State, and istered agent and to accept service mated in this certificate. I hereby I further agree to comply with the	EIGHWAY, 3RD FLOOR  lox MOI acceptable)  FLORIDA 33156  Zip  c of process for the obove stated limited liability accept the appointment as registered agent and the provisions of all statutes relating to this proper with and accept the obligations of my position as	

Page 1 of 2 (CONTINUED)

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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:

MGR		EMERY B. SHERR	SHERR	
		9655 S. DIXIE HIGHWAY, 3RD	FLOOR	
		MIRMI, FL 33156		
		_		
	•			
	<del></del>			
•				
	•			
	_			

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 603.408(3). Florida Statutes, the execution of this document constitutes on affirmation under the penalties of perfuty that the facts stated herein are true.)

EMERY B. SHEER

Typod or printed name of signed

Filing Fors:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Datignation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Cartificate of Status (Optional)

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