

LO5000018289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

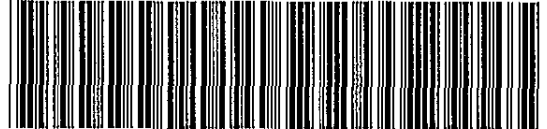
(Document Number)

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

Special Instructions to Filing Officer:

BK

Office Use Only



100046957131

02/23/05--01045--010 \*\*155.00

RECEIVED  
05 FEB 23 PM 1:57  
STATE  
DIVISION OF  
TALLAHASSEE, FLORIDA

FILED  
05 FEB 23 PM 3:4  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Simstate Research  
Requester's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip      6516-5454      Phone #

Office Use Only

05 FEB 23 PM 3:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. BSP / Oniedo LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in      ☐ Pick up time \_\_\_\_\_  
☐ Mail out      ☐ Will wait      ☐ Photocopy  
☒ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☒ Not for Profit
- ☒ Limited Liability
- ☒ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

\_\_\_\_\_  
**Examiner's Initials**

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

**ARTICLE I - Name**

The name of the Limited Liability Company is:

BSP/Oviedo, LLC

**ARTICLE II - Address**

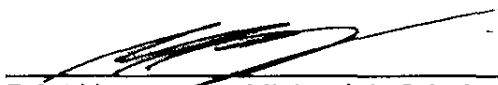
The mailing address and the street address of the principal office of the Limited Liability Company is: 250 Park Avenue South, Suite 200, Winter Park, FL 32789

**ARTICLE III - Registered Agent and Office and Registered Agent's Signature**

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

Michael J. Grindstaff  
300 S. Orange Avenue – Suite 1000  
Orlando, FL 32801

*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.*

  
Print Name: Michael J. Grindstaff  
Authorized Representative

Date: February 22, 2005

(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.)

**FILED**  
05 FEB 23 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA