Florida Department of State

Division of Corporations Public Access System

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.co:

Division of Corporations

Fax Number : (850)205-0383

Account Name : JOHNSON, AUVIL, BROCK & WILSON, P.A.

Account Number : I20010000040

Phone : (352)567-2500

Fax Number : (352)567-6813

LIMITED LIABILITY COMPANY

BSJ Properties, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BSJ PROPERTIES, LLC	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12821 Ventana Court	12821 Ventana Court
Dade City, FL 33525	Dade City, FL 33525
The name and the Florida street address of the reg Leonard H. Johnson Name	gistered agent are:
37837 Meridian Avenue	ess (P.O. Box NOT acceptable)
Dade City, FL 33525	
City, State, and	FL d Zip
Having been named as registered agent and to ac liability company at the place designated in thi registered agent and agree to act in this capacity, statutes relating to the proper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am fiftiliar with and ered agent as provided for in Chapter 608, F.S.

(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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" • Managing Member	
MGRM	Milton L. Beard
	12821 Ventana Court
	Dade City, FL 33525
MGRM	Cynthia E. Beard
	12821 Ventana Court
	Dade City, FL 33525
MGRM	Gerald B. Jones
	10549 Woodland Waters Blvd.
	Week1 Waches, FL 34613
MCRM	Tonya L. Jones
	10549 Woodland Waters Blvd.
	Weeki Wachee, FL 34613
	THE THEOLOGY ID STOLE

(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Continuation of Article IV - Manager(s) or Managing Member(s):

Title:	Name and Address:
MGRM	Arthur R. Smith 500 Belle Glade Court
	Neshanic Station, NJ 08853
MGRM	Lori J. Smith
	500 Belle Glade Court
	Neshanic Station, NJ 08853

SECRETARY OF STATE

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