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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to i	Filing Officer:	
		

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SECRETARY OF STATE
ALLAHASSEF STATE

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: B&DTo	wn Properties, LLC		
	(Name of Limited	l Liability Company)	
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
Daniel B			
	()	Name of Person)	OS APR 25 PM 1: 14 SECRETAS SEE FLORID TALLA HILLSSEE FLORID
B & D Town Propert	ies. LLC		超光
		Firm/Company)	SET OF
			To T
2353 NW 10	9 Avenue		
		(Address)	
Sunri	se, FL 33322		
		State and Zip Code)	
For further information	concerning this matter, please	call:	
Daniel Mellies		at (954) 448-4710	,
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
J \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	CET ADDRESS: tration Section on of Corporations	MAILING A Registration S Division of C	Section

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Li	mited Liabilit	ty Company is:		
B & D Town Properti	es, LLC		·	
ARTICLE II - Ad The mailing address		ddress of the principal	office of the Limite	ed Liability Company is:
Principal Office A	ddress:	Mail	ing Address:	
2353 NW 109 Avenu Sunrise, FL 33322	ue			
ARTICLE III - R	egistered Age	ent, Registered Office	e, & Registered Ag	
The name and the		address of the registere	ed agent are:	TAPPER SO
Daniel B. Mellies Name			弱いに	
	2353 NW 109			A D
		Florida street address (P.O	D. Box <u>NOT</u> acceptable)
	Sunrise	FL	33322	DE F
		City, State, and Zip		

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, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Daniel B. Mellies 2353 NW 109 Avenue Sunrise, FL 33322			
MGRM	Brendan Haggerty 10900 NW 20 Court Sunrise, FL 33322			
	S S			
(Use attachment if necessary)	RETASSE PARSSE			
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.)				
Daniel B. Meilies				

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)