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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	, #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Ďo	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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2005 MAY 20 PM 2: 09
2005 MAY 20 PM 2: 09
2019 JUNE CORPORATIONS
21 JUNE CORPORATIONS

4 SHOWN MAY 2 6 2005

TRANSMITTAL LETTER

TO: Registratio Division of	n Section f Corporations		
SUBJECT:	BERKSHIRE REAL	TY AND INVESTMENT LLC	
	(Name of Limited	d Liability Company)	
The enclosed Article	es of Organization and fee(s) are so	ubmitted for filing.	
Please return all cor	respondence concerning this matte	r to the following:	
	XAVIER		
	(1)	Name of Person)	
	BERKSHIRE REALTY A		_
	(1	Firm/Company)	
	3300 UNIVERSITY D	or. SUITE #401	ZHOS DIVANI TANI
		(Address)	A A
c	ORAL SPRING FL, 33065		DOUS MAY 20 PM 2: 09 TALLAHASSEE, FLORID
		State and Zip Code)	FLC FLC
For further informat	tion concerning this matter, please	cail:	09 TIONS ORIDA
XAVIER SMITH		at (954) 7529991	
(N	Iame of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a chec	k for the following amount:		
Ø \$125.00 Filing F	Fee Status \$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)
	TREET ADDRESS:	MAILING A	
Registration Section Division of Corporations		Registration S Division of Co	
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee, F	7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BERKSHIRE REALTY AND INVESTMENT LLC.				
ARTICLE II - Address:				
The mailing address and street ad	ess of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3300 UNIVERSITY DR SUITE #401	3300 UNIVERSITY DRIVE SUITE #401			
CORAL SPRING, FL 33065	CORAL SPRING FL, 33065			
ARTICLE III - Registered Age	, Registered Office, & Registered Agent's Signature:			
ARTICLE III - Registered Ages The name and the Florida street a	A T			
The name and the Florida street a	dress of the registered agent are: H Name Name			
The name and the Florida street a	Iress of the registered agent are: H Name Name Name			
The name and the Florida street a XAVIER SMI 3300 UNIVERS	Iress of the registered agent are: H Name TY DR SUITE #401 Name TY DR SUITE #401			
The name and the Florida street a XAVIER SMI 3300 UNIVERS	Iress of the registered agent are: H Name TY DR SUITE #401 Orida street address (P.O. Box NOT acceptable)			

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	PATRICK FISHER
	PO BOX 772211 CORAL SPRING FL, 33071
MGRM	XAVIER SMITH
	3300 UNIVERSITY DR SUITE #401 CORAL SPRING FL 33065
· ·	
	FOR THE
	75 O P
(Use attachment if necessary)	EF, FLORITO
NOTE: An additional article must be	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.
(In accordance with section	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury
XA	AVIER SMITH

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)

Typed or printed name of signee