

L05000054965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

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05 JUN -2 AM 9:49  
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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 400721 7456733

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 125.00

ORDER DATE : May 31, 2005

ORDER TIME : 2:03 PM

ORDER NO. : 400721-005

CUSTOMER NO: 7456733

CUSTOMER: Ms. Barbara Laurence  
Laurence Media

Suite 1231  
10275 Collins Avenue  
Bal Harbour, FL 33154

DOMESTIC FILING

NAME: BESS 312 LIBOVITZ, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BESS 312 LIBOVITZ, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10275 Collins Avenue

Same

Suite 312

Sal Harbour, Florida 33154

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FLORIDA 32301

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, Florida Statutes..*

Corporation Service Company

By: Deborah D. Skipper

Registered Agent's Signature

Deborah D. Skipper  
Asst. V. Pres.

**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

Lynn Welshman, Welshman LLC

10275 Collins Avenue, Suite 1210

Bal Harbour, Florida 33154

MGRM

Barbara Laurence, Laurence Holdings LLC

10275 Collins Avenue, Suite 1231

Bal Harbour, Florida 33154

(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.)

By: Bess Libovitz  
Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)