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(Address) (Address) (City/State/Zip/Phone #) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)			
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Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)			
Special Instructions to Filing Officer:	(Document Number)			
	Certified Copies Certificates of Status			
	Special Instructions to Filing Officer:			
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RR (AMP LLC (Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.			
Please return all correspondence concerning this matter	r to the following:			
	Firm/Company)			
144 15 1	(Address)			
V. Palm Be	State and Zip Code)	33408		
For further information concerning this matter, please of Person)	at (3757		
Enclosed is a check for the following amount:				
\$125.00 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)		
STREET ADDRESS:	MAILING A	DDRESS:		

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 Limited Liability Company	is:	
BR CAMP, L	46	 .
ARTICLE II - Address: The mailing address and street address of the		Liability Company is:
Principal Office Address:	Mailing Address:	
N. Palm Beach, FC	SAME	
N. Palm Brack, FC 33408		
ARTICLE III - Registered Agent, Register	ed Office, & Registered Agent	's Signature:
Name of the street of the stre	e registered agent are: Bell II ne Hyg / address (P.O. Box NOT acceptable) H FL 3340 8 e, and Zip	
Having been named as registered agent and i liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for th in this certificate, I hereby accept city. I further agree to comply wi performance of my duties, and I d	the appointment as th the provisions of all am familiar with and
Registered Age	nt's Signature	05 Jun -3
(CONT	INUED)	

Page 1 of 2

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:	
MGL.	J. PODUT BEIL II	
MGZ.	Albert E. Kretchmer 144 US 1 N. Pain Brack, FC 3340	מל ב
MGR	DONGID MOORE 144 VS N. POIM BORE 17 POIM BORE	yo.
(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)