

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050001487873)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (212)431-5000

Phone : (212)431-5000 Fax Number : (212)431-1441

RECEIVED

OS JUN 16 AM 7: 03

MASSIGN OF CORPORATIO

LIMITED LIABILITY COMPANY

BEST MANAGEMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

JUN 1-7 2005

BLUMBERGEXCELSIOR

Jun 16 2005 14:31

H050001487873

ARTICLES OF ORGANIZATION

a movement and the	TANDETT CONTACT
ARTICLE I - Name:	
The name of the Limited Liability Compar	ny is:
BEST MANAGEMENT SERVICES, LLC	
ARTICLE 11 - Address: The mailing address and street address of t	the principal office of the Limited Lizbility Company is:
Principal Office Address:	Mailing Address:
12160 NW 10TH STREET	12160 NW 10TH STREET
CORAL SPRINGS FL 33071	CORAL SPRINGS FL 33071
·	
A PARTY OF THE TRANSPORT OF A SHARE TO SEE	stared Office & Decistered Agent's Simplure

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

DAVID BLUM	
Na	nie.
12160 NW 10TH STREET	
Florida street address ((P.O. Box NOT acceptable)
CORAL SPRINGS	FLORIDA 33071
City, Sta	te, 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) Fax:888-692-9256

H050001487873

litle:	Name and Address:
'MGR" = Manager	Maine and Address
MGRM" = Managing Member	naging Member(s): ger or Managing Member is as follows: Name and Address:
MGR	DAVID BLUM
,	4287 HUNTING TRAIL
	LAKE WORTH FL 83487
MGRM	BLUM MANAGEMENT SERVICES, INC.
	4287 HUNTING TRAIL
	LAKE WORTH FL 33467
MGRM	VALGUARD HOLDINGS, LLP
	4287 HUNTING TRAIL
	LAKE WORTH FL 33487
(Use attachment if necessary)	
	6 1 3 3 . 3 28
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
David Hund	
David Blum	
Signature of a member or	an authorized representative of a member.
On accordance with acction	508.408(3). Florida Statutes, the execution
(In accordance with acction of this document constitute	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
(In accordance with acction	608.408(3), Florida Statutes, the execution an affirmation under the penaltics of perjury are true.)

Filing Fees:
\$109.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)