L05000111321

(Re	questor's Name)	
(Ad	dress)	
hA)	dress)	
(u	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
·	•	·
(Do	cument Number)]
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



400061083734

11/03/05--01022--016 **180.00

SECRETARY OF STATE

05 NOV -9 PM 3: 42



COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: BUVERMO PROPERTIES FLORIDA, L.L.C. (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan H. Morris (Name of Person) Buvermo Properties Florida, L.L.C. 354 Chilean Avenue, Suite 6E (Address) Palm Beach, FLORIDA 33480 (City/State and Zip Code) For further information concerning this matter, please call: at (561) 379-2755 (Area Code & Daytime Telephone Number) Jonathan H. Morris (Name of Person) Enclosed is a check for the following amount: ■ \$125.00 Filing Fee ■ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & **▼** \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:			
Buvermo Properties Florida, L.L.C. (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company, "Liability Com	tited Company" or their abbreviation "LLC," or	"L.C.,")		
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Liab	ility Comp	any is:	
Principal Office Address:	Mailing Address:			
354 Chilean Avenue - Suite 6E Palm Beach, Florida 33480	354 Chilean Avenue - Suite 6E Palm Beach, Florida 33480		,	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)				::
The name and the Florida street address of the	registered agent are:	SECR	05 NOV -9 PH	
Jonathan H. Morris Name		HASS ASS		II)
403 Australian Avenue		H. H.S	PH	<u>E</u>
Florida street address (P.O. Box <u>NOT</u> acceptable) Paim Beach, Florida 33480 FL City, State, and Zip			3: 42	
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the about this certificate, I hereby accept the active. I further agree to comply with the operformance of my duties, and I am for	appointmer e provisior amiliar wit	nt as ns of al th and	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	Jonathan H. Morris 403 Australian Avenue Palm Beach, FL 33480	- -
MGR	Stephen J. O'Connor, Esq. 5335 Wisconsin Avenue, N.W Suite 700 Washington, D.C. 20015	- - -
		-
		- - -
	n the date of filing: (OPTIC set be specific and cannot be more than five business	
REQUIRED SIGNATURE:	ember or an authorized representative of a member. Ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury	APPHOVED FILED 05 NOV -9 PM 3: 42

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)