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SECRETARY OF STATE OIVISION OF STATE

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COVER LETTER

TO: Registration Division of	Section Corporations		•
SUBJECT:	BEVERLY HILLS I	FINANCE LLC ed Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	28
	DENNIS J. VI	NER	2006 HAY
		(Name of Person)	- 6
	BEVERLY HILLS	FINANCE LLC	
		(Firm/Company)	و
	612B SO. FEDE	RAL HWY	56
		(Address)	
	STUART, FL 34		
	(Cit	y/State and Zip Code)	
For further information	on concerning this matter, please	e call:	
MARILYN DE	RISCOLL	at (772) 286-99	91
(Nai	ne of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check	for the following amount:		
☐ \$125.00 Filing Fe	e \$\bigsim \\$130.00 \text{ 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Na				
The name of the L	imited Liability	Company is:	*	
BEVER	LY HILLS FIN	NANCE LLC		
		Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Ac	ddress:			
The mailing addre	ss and street add	dress of the principal office of the Limited Liability Com	pany	is:
Principal Office Address:		Mailing Address:		
612B So. Federal I	-lwy	612B So. Federal Hwy		
Stuart, Fl 34994		Stuart, Fl 34994		
ARTICLE III - R (The Limited Liability C business entity with an	ompany cannot serve	nt, Registered Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or another ration.)	2006 HAY 16	ECRETARY SION OF CO
The name and the	Florida street ac	ddress of the registered agent are:	F	- 교육(
DENNIS J. VINER		DENNIS J. VINER	ڢ	NATI IVII
Name		Name	56	15 F
•	182	45 131st Trail North		
	F	Florida street address (P.O. Box NOT acceptable)		
	Jupiter	_{FL} 33478		
		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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) 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:		Name and Address:		
	"MGR" = Manag "MGRM" = Man				
	MGRM		Dennis J. Viner		
			18245 131st Trail North		
	•		Jupiter, FI 33478		
					
	(Use attachment	if necessary)			
ARTI	ICLE V: Effective	date, if other than the dat	te of filing: (OPTIO	NAL)	
(If an	effective date is lis	ted, the date must be sp	pecific and cannot be more than five business		rior
to or !	90 days after the da	ate of filing.)			
	REQUIRED SIG	GNATURE:			
		. 1	1V:	2006 HAY	SIVIO 3S
		- Illow	r an authorized representative of a member.	₩	É S
		-	•		OF TAR
		of this document constitute	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	9	10 A C
		that the facts stated here	•	A	5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5
			J. VINER or printed name of signee	9: 5	אור אור
		ıyped	or printed name of signee	9.	ž

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)