M. BURR KEIM_COMP

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

: (215)563-8113

Phone

Fax Number : (215)977-9386

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BSC UNIT NUMBER 16, LLC

<u> </u>	
Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BSC UNIT NUMBER 16, LLC		
(Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the p	mincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1700 Town Plaza Court	1700 Town Plaza Court	
Winter Springs, FL 32708	Winter Springs, FL 32708	
The name and the Florida street address of the Brian L. F		
Name 1700 Training	`	
1700 Town F	Plaza Court ddress (P.O. Box NOT acceptable)	
Winter Springs	FL 32708	
City, State	, and Zip	
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 above stated limited in this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S.	

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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" = Manager "MGRM" = Managing Member MGRM **BSC INVESTMENTS, LLC** 1700 Town Plaza Court Winter Springs, FL 32708 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Brian L. Fricke, Authorized Person Typed or printed name of signeo Filing Fees:

\$125.00 Filing Yee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 3 5.00 Certificate of Status (Optional)

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