## **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

(850) 205-0383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242

Account Number : I

Fax Number

: (215)563-8113 : (215)977-9386 2006 DEC -8 AM 8: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED BOEC-8 M 2: 25 BOEC-8 M 2: 25 SECRETARIO PARIE

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

**BSC UNIT NUMBER 19-008, LLC** 

Certificate of Status	11
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

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LUG-11350

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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 19-008, LLC							
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.")						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:							
Principal Office Address:	Mailing Address:						
1700 Town Plaza Court	1700 Town Pleza Court						
Winter Springs, FL 32708	Winter Springs, FL 32708						
· · · · · · · · · · · · · · · · · · ·	gistered Office, & Registered Agent's Signature:						
business easily with an active Florida registration.)  The name and the Florida street address	own refluences witch: 100 may fortilates to emissions & months.						
1700 T	own Plaza Court						
	street address (P.O. Box NOT acceptable)						
Winter Spring							
	ity, State, and Zip						
liability company at the place design registered agent and agree to act in this standes relating to the proper and co	as and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S						

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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(((HO6000290442 3)))

<u>Tide:</u> "MGR" "MGRN	= Manager I" = Managin	g Mamber	Name and	Address:		
MGRN			1700 Town	STMENTS, LLC Pleza Court Ings, FL 32708		
	· · · · · · · · · · · · · · · · · · ·				2006 DEC	austra (
	·.	·			ARY OF	
(Use sti	achment if ne	• , ' • • • •	ere <mark>s to see es</mark> en es	\$	FLORIDA	
ARTICLE V: 1 (If an effective to or 90 days at	date is listed, :	the date must be s	ste of filing: _ pecific and c	aunot be more than		

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 tree.)

Brian L. Fricke, Authorized Person
Typed or printed name of signee

## Piling Pecti

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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