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| Special Instructions to Filing Officer: | |
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Office Use Only



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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: BAHYAN SPRINGS PERFORMING ARTS CLUB LLC (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: |
| DEBORA ORBACH (Name of Person) |
| (Firm/Company) |
| 10039-53 WAY S. \$2302 |
| (Address) |
| Boynton BEACH, F1. 33437 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| DEBORA ORBACH at (56) 737-0635 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Con | upany is: | | |
|---|--|--|--|
| BANYAN SPRINGS PER | FORMING ARTS CLUB, LLC | | |
| (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") | | | |
| ARTICLE II - Address: | | | |
| The mailing address and street address Liability Company is: | s of the principal office of the Limited | | |
| Principal Office Address: | Mailing Address: | | |

| 10039-53 WAY S, \$2302 | 10039-53 WAY S. #2302 |
|--|-----------------------------------|
| Boyntm BE Act, Fl. | Boynton BEACH, E1. |
| 33437 | 33437 |
| ARTICLE III - Registered Agent, Regist | ered Office. & Registered Agent's |

Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)

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

DEBORA ORBACH

10039-53 WAY S. #2302

Florida street address (P.O. Box NOT acceptable)

Backet To Be And The 25 (13.7)

Bognton BEACH FL 33437
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" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: MARCH 10, 2008 (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.) Typed or printed name of signee

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)