

(Requestor's Name)
(Address)
(Address)
(managas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
789 6357 2976 671
Office Use Only
88
3000
118
1 0 0 0 0
LU8-30088



03/13/08--01019--007 **125.00

COVER LETTER

TO:	Registration Section Division of Corporations		, ,
CUDI	BST, LLC		
SUBJ		nited Liability Company)	_
The er	nclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Derek Sandler		
		(Name of Person)	
		(Firm/Company)	
	100 N. Federal Highway #726		180
		(Address)	第2
	Fort Lauderdale, FL 33301		题 5
	(City/State and Zip Code)	HO I
For fu	rther information concerning this matter, ple	ease call:	OB MAR 25 AM 7:58 SECRETARY OF STATE PLORIDA
Derei	k Sandler	954 636-4081	V
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)	
Enclo	sed is a check for the following amount:		
_	5.00 Filing Fee \$\int\\$130.00 Filing Fee \delta\ Certificate of Status		Status &
	Mailing Address Registration Section Division of Corporation	Street/Courier Address Registration Section Division of Corporations	

Registration Section
Division of Corporation:
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2008

DEREK SANDLER 100 N. FEDERAL HIGHWAY #726 FORT LAUDERDALE, FL 33301

SUBJECT: BST, LLC

Ref. Number: W08000013611

We have received your document for BST, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L07000002085.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II 000002085.

Letter Number: 708A00015679

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:			
BST PERFORMANCE LLC	•			
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the	Company (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") LE II - Address: ling address and street address of the principal office of the Limited Liability Company is: al Office Address: Mailing Address: deral Highway #726 erdale, FL 33301 LE III - Registered Agent, Registered Office, & Registered Agent's Signature: ded Liability Company cannot serve as its own Registered Agent. You must designate an individual or another entity with an active Florida registration.) The and the Florida street address of the registered agent are: Derek Sandler			
Principal Office Address:	Mailing Address:			
100 N. Federal Highway #726	100 N. Federal Highway #726			
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301			
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature:			
Derek Sandler				
	ame			
100 N. Federal Hi	ghway #726			
Florida street	t address (P.O. Box <u>NOT</u> acceptable)			
Fort Lauderdale City, Sta	FL 3330/ ate, and Zip			
liability company at the place designated registered agent and agree to act in this cape	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and			

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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:

_		
MGRM	Derek Sandler	
	100 N. Federal Highway #726 Fort Lauderdale, FL 33301	
	Fort Lauderdale, FE 3530 1	
MGRM	Nicholas Wacker	
-	351 East Club Circle #106	
	Boca Raton, FL 33487	
		08 MAR 25
		3 9
		——
		mg
	<u> </u>	—— <u>G</u>
(II)	、	
(Use attachment if neces)	
CLE V: Effective date if a	than the date of filing:	(OPTIONAL)
effective date is listed, the	e must be specific and cannot be more than five b	•
90 days after the date of fil		
	•	
REQUIRED SIGNATU	<u>.</u> •	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)