

L0900003 7736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

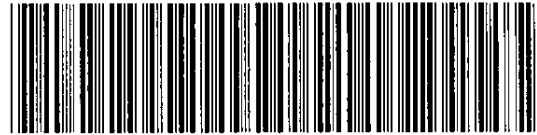
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/09--01002--006 **155.00

RECEIVED
09 APR 16 PM 4:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
APR 20 2009
EXAMINER

FILED
09 APR 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2009

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301

SUBJECT: BSA MANAGEMENT, LLC
Ref. Number: W09000018093

RECEIVED

09 APR 20 AM 11:58

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 APR 16 PM 12:45
TALLAHASSEE, FLORIDA

We have received your document for BSA MANAGEMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation. The name of a voluntarily dissolved corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 709A00012963

* RE-SUBMITTING
w/ CORRECTIONS
PLEASE RETAIN
ORIGINAL SUBMISSION
DATE 4-17-09

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446

WALK-IN

ENTITY NAME:

BSA MANAGEMENT, LLC

CK# 3888

AMOUNT \$155.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

OFFICE USE ONLY

FILED
APR 16 PM 12:45
TALLAHASSEE, FLORIDA

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
BSA MANAGERS, LLC**

FILED
09 APR 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Limited Liability Company is **BSA MANAGERS, LLC.**

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Budd Litowitz, 11401 S.W. 40th Street, Suite 370, Miami, Florida 33165.

**ARTICLE III
Existence; Duration**

This limited liability company shall have a perpetual existence, unless dissolved according to law, commencing on the 17th day of April, 2009.

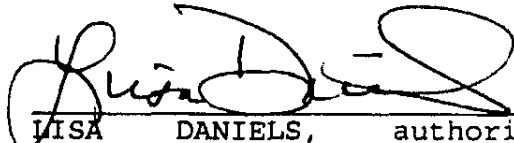
**ARTICLE IV
Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Lisa Daniels, Esq.

**ARTICLE V
Member-Managed Company**

The Limited Liability Company is to be managed by one or more members and is therefore a member-managed company.

The undersigned authorized representative of the members of BSA MANAGERS, LLC, hereby executes these articles of organization on this 17th day of April, 2009.


LISA DANIELS, authorized
representative

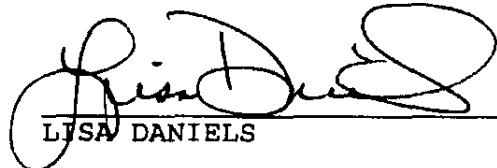
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **BSA MANAGERS, LLC.**
2. The name and the Florida street address of the registered agent and office are:

Lisa Daniels, Esquire
Therrel Baisden, P.A.
SunTrust International Center
One S.E. 3rd Avenue, Suite 2950
Miami, Florida 33131

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.



LISA DANIELS