

12-09-09 15:01 FROM-

781 F001/00 F-571

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000255009 3)))



H090002550093ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

Michelle Narea-Popu

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
BT MANAGEMENT OPERATIONS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED

09 DEC -9 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 DEC -9 AM 8:38

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

DEC 10 2009

EXAMINER

12-09-'09 15:01 FROM-  
H09000255009 3

T-781 P002/004 F-577

**ARTICLES OF ORGANIZATION  
OF  
BT MANAGEMENT OPERATIONS, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is BT MANAGEMENT OPERATIONS, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 8480 Okeechobee Boulevard, West Palm Beach, Florida 33411.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is William S. Kramer, Esq., 2255 Glades, Suite 414E, Boca Raton, Florida 33431.

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of the initial manager(s) who is/are to serve as manager(s) is/are:

Ralph R. Benfante  
8480 Okeechobee Blvd., West Palm Beach, Florida 33411

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 DEC -9 AM 8:38


H09000255007 3

12-09-'09 15:01 FROM-

T-781 P003/004 F-577

H09000255009 3

Whereof, the undersigned member has executed these Articles the 9<sup>th</sup> day of  
Dec, 2009.

  
Ralph R. Benfante, Member

H09000255009 3

H09000255009 3

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

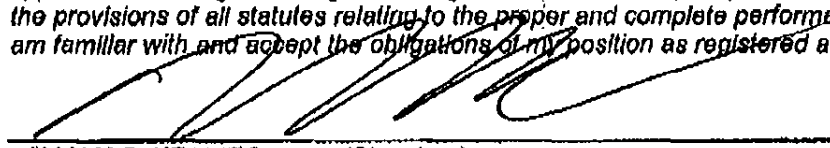
BT MANAGEMENT OPERATIONS, LLC

2. The name and address of the registered agent and office is:

William S. Kramer, Esq.,

2255 Glades, Suite 414E, Boca Raton, Florida 33431.

*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.*

  
WILLIAM S. KRAMER

(Signature)

December 9 2009  
(Date)

H09000255009 3