

L 1 UUUUU 023 935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400167302244

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 MAR -3 PM 1:51  
FOLLOWS  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

B. KOHR  
MAR - 3 2010  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR -3 PM 3:53



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 303555 7448543

AUTHORIZATION :

*Sybil Clements*

COST LIMIT : \$ 125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR -3 PM 3:53

ORDER DATE : March 3, 2010

ORDER TIME : 12:15 PM

ORDER NO. : 303555-005

CUSTOMER NO: 7448543

DOMESTIC FILING

NAME: MSF BERKSHIRE HOLDINGS, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR -3 PM 3:53

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MSF Berkshire Holdings, 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 of the principal office of the Limited Liability Company is:

#### Principal Office Address:

8441 Cooper Creek Blvd

University Park, FL 34201

#### Mailing Address:

8441 Cooper Creek Blvd

University Park, FL 34201

### ARTICLE III - Registered Agent, Registered 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:

David H. Baldauf

Name

8441 Cooper Creek Blvd

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

University Park, FL 34201

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..*

By: 

By:

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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

David H. Baldauf

8441 Cooper Creek Blvd

University Park, Florida 34201

MGR \_\_\_\_\_

Randall Benderson

8441 Cooper Creek Blvd

University Park, Florida 34201

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

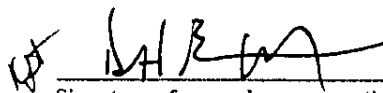
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

David H. Baldauf, Manager

\_\_\_\_\_  
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)