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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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

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

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TALLAHASSEE, FLORIDA

ALLUNT

MAY -4 2010

FLORIDA LIMITED LIABILITY CO.  
BRONSON & CO. LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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EXAMINER

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

BRONSON & CO. LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

225 NE Mizner Boulevard, Suite 400  
Boca Raton, FL 33432

**Mailing Address:**

225 NE Mizner Boulevard, Suite 400  
Boca Raton, FL 33432

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Steven N. Bronson

Name

225 NE Mizner Boulevard, Suite 400

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

Boca Raton

FL

33432

City, State, and Zip

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*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.*

[Signature]  
Registered Agent's Signature

(CONTINUED)

**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:**MGRMSteven N. Bronson225 NE Mizner Boulevard, Suite 400Boca Raton, FL 33432            

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**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.)

Steven N. Bronson

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)

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