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	(Requestor's Name)	
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PICK-UI	> WAIT	MAIL
şı	(Business Entity Name)	
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Special Instructions	s to Filing Officer:	
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Office Use Only



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SECRETARY OF SISTEMALL AHASSES FOR FROM

T. CLINE

JAN 25 2011

EXAMINER

COVER LETTER

Division of	n Section Corporations						
SUBJECT: BD	Equity LLC						
		ed Liability Comp	any		_		
The enclosed Articles	s of Organization and fee(s) are	submitted for filin	g.				
Please return all corre	espondence concerning this mat	ter to the following	g:				
David G	Grutman						
		Name of Person					
MMG							
		Firm/Company		•			
1000 Li	ncoln Rd., Suite 20	0					
		Address					
Miami Be	ach, FL 33139						
	Cit	y/State and Zip Cod	e				
beth@mia	ami-mg.com			[] [S Cal	201	
	E-mail address: (to be used	for future annual rep	ort notification)	>	କ୍ଷ ଅଷ (୮୮)	C	119
For further information	on concerning this matter, please	e call:		Ess	TA 22)	JAH 24	The second
Beth Albertelli		_at (<u>954</u>	529-3708	Try	(1) 1 (1) 1	-0 -K	
Nar	ne of Person	Area Cod	e & Daytime Tele	phone Number		က ည်	, B
Enclosed is a check	for the following amount:			<u>*</u>	•	ರು	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop	ppy	\$160.00 Filing Certificate of S Certified Copy (additional copy	Status /	s &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	tion Section of Corporations Building secutive Center Cosee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

BD Equity LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>	
1000 Lincoln Road	1000 Lincoln Road	
Suite 200	Suite 200	
Miami Beach, FL 33139	Miami Beach, FL 33139	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of David Grutman	Registered Agent. You must designate an individe	
1	Name	25. S. T.
1000 Lincoln F	Rd., Ste 200	
Florida stre	eet address (P.O. Box NOT acceptable)	
Miami Beach	_{FL} 33139	<u> </u>

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"NACID" - Monogon	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Brian I Gordon
	7 Beverly Court
	Jackson, NJ 08527
MGRM	David Grutman
	910 NE 73rd Street
	Miami, FL 33138
·	
(Use attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	<u> </u>
CLE V: Effective date, if other than the effective date is listed, the date must	be specific and cannot be more than five business days
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CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical constitutes an affirmation under that any false info	be specific and cannot be more than five business days ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must to days after the date of filing.) REOUIRED SIGNATURE: Signature of a memical section of constitutes an affirmation und I am aware that any false infoconstitutes a third degree felor	be specific and cannot be more than five business days AHE ARE ARE ARE ARE ARE ARE ARE ARE ARE AR
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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)