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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS
FEB 2 1 2011
EXAMINER

TO:	Registration Section Division of Corporations	
SURD	ECT: BMV Realty, LLC	
30031	Name of Limit	ed Liability Company
	closed Articles of Organization and fee(s) are	
Please	return all correspondence concerning this mat	ter to the following:
	Natalia Sheps	
		Name of Person
		Firm/Company
	500 Three Islands Blvd. #	418
	- COO TIMOO TOTALINA DITALIN	Address
	Hallandala Basah El 22000	
	Hallandale Beach, FL 33009 ci	ty/State and Zip Code
	nataliashep@yahoo.com	
•	E-mail address: (to be used	for future annual report notification)
For fur	ther information concerning this matter, pleas	e call:
Nata	lia Sheps	at (754) 779-0008
	Name of Person	Area Code & Daytime Telephone Number
F1-	- 1 be a short for the full and a second.	
	sed is a check for the following amount:	
 √ \$125.00	Filing Fee \$_\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
		· · · · · · · · · · · · · · · · · · ·
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: BMV Realty, 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: Mailing Address:** 500 Three Islands Blvd. #418 Hallandale Beach, FL 33009 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: Natalia Sheps Name 500 Three Islands Blvd. #418 Florida street address (P.O. Box NOT acceptable) Hallandale Beach _{FL} 33009 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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

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"MGRM" = Managing Member		SESRETAR LLAHASS
MGR	Boris Vaysman	
	15962 NW 14 PL	
,	Pembroke Pines, FI 330025	
		
	and the state of t	
(Use attachment if necessary)		
(FV. Effective date if other than th	e date of filing: (OPTIONA
fective date is listed, the date must	be specific and cannot be more than five bu	isiness day

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Boris Vaysman

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)