

L11000037065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

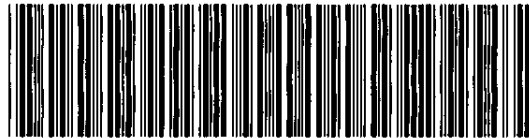
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EXAMINER



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EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 724371 4800429

AUTHORIZATION :

COST LIMIT : \$ 155.00

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ORDER DATE : March 28, 2011

ORDER TIME : 3:0 PM

ORDER NO. : 724371-005

CUSTOMER NO: 4800429

DOMESTIC FILING

NAME: BFE TROPIC CAY, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Matthew Young~~ EXT. ~~2962~~

Troy Todd 2940

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BFE Tropic Cay, LLC

ARTICLE II - Address:

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

Principal Office Address:

2050 Center Avenue, Suite 670
Ft. Lee, New Jersey 07024
Attn: Ary Freilich

Mailing Address:

2050 Center Avenue, Suite 670
Ft. Lee, New Jersey 07024
Attn: Ary Freilich

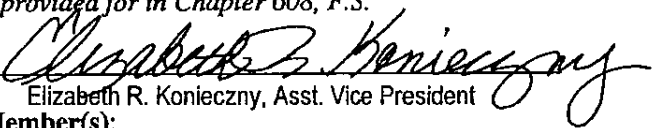
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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):


Elizabeth R. Konieczny, Asst. Vice President

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

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

Manager and Managing Member - Louis Blumberg, 2050 Center Avenue, Suite 670 Ft. Lee, New Jersey 07024

Manager and Managing Member - Ary Freilich, 2050 Center Avenue, Suite 670 Ft. Lee, New Jersey 07024

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:

A handwritten signature in black ink, appearing to read 'Shepard Federgreen', is written over a horizontal line.

Name: Shepard Federgreen, Attorney to the Members

(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.)

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)