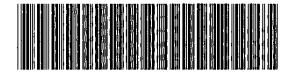
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(Address)
(Address)
(City/State/Zip/Phone #)
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2011 APR -8 PM 1: 05
SECRETARY OF STATE

T. CLINE
APR 1 1 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT: BJS-ETS	S, LLC			
	Name of Limi	ted Liability Company	·	
The enclosed Articles of Org	ganization and fee(s) are	submitted for filing.		
Please return all corresponde	ence concerning this man	tter to the following:		
Brian J. Sta	ck			
	· ·	Name of Person	· · · · · · · · · · · · · · · · · · ·	
Stack Ferna	ndez Anderso	on & Harris, P.A.		
		Firm/Company		
1200 Bricke	ll Avenue, Suit	e 950		
- · · · · · · · · · · · · · · · · · · ·		Address		
Miami, Florida	33131			
		ty/State and Zip Code		
bstack@stackf		for future annual report notification)		
	•	•	,	
For further information conc	erning this matter, pleas	e call:	201 SE	
Brian J. Stack		at (305) 371-0001	CRE AHE	}-
Name of Pe	rson	Area Code & Daytime Tele	CO 20	Western Eliteratur
Enclosed is a check for the	e following amount:		8 PH Y DF S SEE, FI	m
	30.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Inatus Certified Copy (additional copy is enclosed)	O
M	failing Address	Street/Courier Address		

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
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:		
BJS-ETS, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
1200 Brickell Avenue Suite 950	1200 Brickell Avenue Suite 950	
Miami, FL 33131	Miami, FL 33131	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individu	
The name and the Florida street address of the re	egistered agent are:	
Brian J. Stack Name	_	
1200 Brickell Ave	Suite 950	
	ress (P.O. Box <u>NOT</u> acceptable)	
Miami	_{FL} 33131	
City, Sta	te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete peacety the obligations of my position as regis	his certificate, I hereby accept the v. I further agree to comply with t rformance of my duties, and I am	appointment as he provisions of all familiar with and
Registered Agent's Signat	ure (REQUIRED)	2011 APR -8 SECRETARY TALLAHASSE
(CONTINE	•	PN 1: 05 OF STATE E. FLORIDA

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:	
(Use attachment if necessary) CLE V: Effective date, if other than	the date of filing: (OPTIONAL	.)
CLE V: Effective date, if other than	the date of filing: (OPTIONAL st be specific and cannot be more than five business days	.) pri
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business days White	.) pri
CLE V: Effective date, if other than effective date is listed, the date must do days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in	epiber or an authorized representative of a member. 10.608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 10.608.408(3) in a document to the Department of State	.) pri
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