(Re	equestor's Name)		
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EXAMINER



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COVER LETTER

Division of Co		ি ক্রিকিল্ডান্ড কর্মনার প্রতিষ্ঠানিক _{ক্রি} কিল্ বিভাগ	•
SUBJECT. Bmac	k Investment Pro	 perties	
Stevelar i w	Name of Limite	ed Liability Company [Agriport]	
.The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
7.E39.K 14	ondence concerning this matt	•	•
Stephen	Perez		
		Name of Person	•
		Firm/Company	
905 Lee	Rd'.		
		Address	
<u>Orlando, F</u>	 L 32810		
के कर <mark>जिल्लास्त्र हैं। हिं</mark>	City	y/State and Zip Code	,
steve.altura	@gmail.com		•
effective programmer. For further information	E-mail address: (to be used for the concerning this matter, please	or future annual report notification)	
Steve Perez	25 5 5 6 6 C	at (407-) 949-4814	
Name	of Person	Area Code & Daytime Tele	ephone Number
	or the following amount:		_
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	npany is:	
Bmack Investment Prope	erties, LLC	
(Must end with the words "Li	mited 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:	
5380 Endicott Place	5380 Endicott Place	
Orlando, FL 32765	Orlando, FL 32765	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	own Registered Agent. You must designate an ind	t's Signature: lividual or another IALLAHAY 26
Brendon Spaldi	ng ·	ASE 72
	Name	<u> </u>
5380 Endicott Place		

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

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

FL 32765

Registered Agent's Signature (REQUIRED)

Orlando

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Brendon Spalding 5380 Endicott Place
	Orlando, FL 32765
W-0	
(Use attachment if necessary)	
	the date of filing: 5/22/2011 (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	$\mathcal{N}_{\mathcal{A}}$ o $\mathcal{M}_{\mathcal{A}}$

(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.)

Brendon Spalding

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)