

L11000071969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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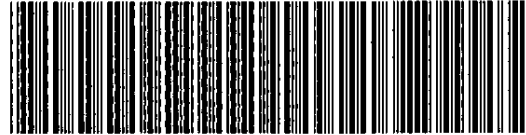
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 21 2011

EXAMINER

Apperson Crump

The Law in Memphis Since 1865

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TALLAHASSEE, FLORIDA
June 14th 2011

APPERSON CRUMP PLC
ANNE E. KUTSIKOVICH
6070 Poplar Avenue
Sixth Floor
Memphis, TN 38119

901-756-6300
901-757-1296 fax

www.appersoncrump.com

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

Re: Articles of Organization

To whom it may concern:

This letter serves as confirmation that Bultrust Destin LLC seeks to register as a Florida limited liability company. Enclosed please find the corresponding Articles of Organization, as well as the \$125 filing fee. Please advise when this request is confirmed to Anne E. Kutsikovich to the address provided above.

Best Regards,



Anne Kutsikovich

Enclosure: Article of Organization, \$125 Filing Fee

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bultrust Destin LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne E. Kutsikovich

Name of Person

Apperson Crump PLC

Firm/Company

6070 Poplar Avenue, Sixth Floor

Address

Memphis, TN 38119

City/State and Zip Code

akutsikovich@appersoncrump.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne E. Kutsikovich

Name of Person

at (901)

260-5159

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bultrust Destin LLC

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

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ARTICLE II - Address:

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

Principal Office Address:

125 Jericho Turnpike
Suite 300
Jericho, NY 11753

Mailing Address:

125 Jericho Turnpike
Suite 300
Jericho, NY 11753

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:

Marjam Supply of Florida LLC

Name

475 NE 185th St.

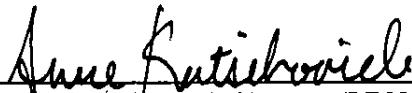
Florida street address (P.O. Box **NOT** acceptable)

Miami Gardens, FL 33179

FL

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)

(CONTINUED)

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:

MGR

Mitchell Kahn

125 Jericho Turnpike, Suite 300

Jericho, NY 11753

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(Use attachment if necessary)

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:

Anne E. Kutsikovich

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.)

Anne E. Kutsikovich, Authorized Representative

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)