Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Ad	dress:			
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FLORIDA LIMITED LIABILITY CO.

BV Oakwood Commons, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

OCT 24 2011

EXAMINER

COVER LETTER

SUBJECT: DV Cake	ood Commons, LLC Name of Lir	mited Liability Company	
The enclosed Articles of	f Organization and fcc(s) a	re submitted for filing.	
	ondence concerning this m	-	
Kristen Wagner			
-n		Name of Person	
Ocwen Loan Ser	vicing, L.J.C		April =
	**(Oling)	Firm/Company	 - <u></u>
1661 Worthingto	on Road, Suite 100	, ,	OCT 21
1001 Wolfman		Address	
			77.0
West Palm Beach,			
		Dity/State and Zip Code	I: 39
kristen.wagner@c			
	E-mail address: (to be use	d for future annual report notification)	
For further information of	oncerning this matter, plea	ee call:	
Kristen Wagner		at ()682-7011	
Name o	f Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		
	_	There carry B a Third at But	. 77
125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy Certificate of	
	00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(additional copy is enclosed) Certified Cop	ру
		(additional copy	y is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	

Mailing 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

TO:

Registration Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

I ne name of	the Limited Liability Con	npany is:	
BV Oakwood (Commons, LLC		
	(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE I		of the principal office of the Limited Liab	ility Company is:
Principal Of	fice Address:	Mailing Address:	
1661 Worthingt	on Road, Suite 100	1661 Worthington Road, Suite 100	
ADTICLE	II Descriptored Agent Do	West Palm Boach, FL 33409 gistered Office, & Registered Agent's Si	ignature:
ARTICLE II (The Limited Link business entity w	II - Registered Agent, Re pility Company cannot serve as its with an active Florida registration.)	gistered Office, & Registered Agent's Si own Registered Agent. You must designate an individua of the registered agent are:	ignature IAL SLORE TARY
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ARTICLE II (The Limited Link business entity w	II - Registered Agent, Re ollity Company cannot serve as its with an active Florida registration.) If the Florida street address	gistered Office, & Registered Agent's Siown Registered Agent. You must designate an individual of the registered agent are: Name	FILE 11 OCT 21 PM SECRETARY OF ALLAHASSEE, F
ARTICLE II (The Limited Link business entity w	II - Registered Agent, Re oldity Company cannot serve as its rith an active Florida registration.) If the Florida street address CT Corporation System 1200 South Pine Island I	gistered Office, & Registered Agent's Siown Registered Agent. You must designate an individual of the registered agent are: Name	FILED 11 OCT 21 PM 1:3 SECRETARY OF STATE ALLAHASSEE, FLORE
(The Limited List business entity w	II - Registered Agent, Re oldity Company cannot serve as its rith an active Florida registration.) If the Florida street address CT Corporation System 1200 South Pine Island I	gistered Office, & Registered Agent's Siown Registered Agent. You must designate an individual of the registered agent are: Name Road	FILED 11 OCT 21 PM 1: SECRETARY OF STANASSEE, FLO

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..

C T Corporation System

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Madonna Cuddihy Special Assistant Secretary

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Richard Delgado	
	1661 Worthington Road, Suite 100	-
	West Palm Beach, FL 33409	
MGR	William H. Stolberg	
		
	1661 Worthington Road, Suite 100	
	West Palm Beach, FL 33409	
		_
		
		_
		
(Use attachment if necessary)	e date of filing: (OPTIC	ONAL)
FICLE V: Effective date, if other than the	e date of filing: (OPTIC se specific and cannot be more than five business	ONAL) days pric
ITCLE V: Effective date, if other than the n effective date is listed, the date must be	e date of filing: (OPTIC e specific and cannot be more than five business	ONAL) i days prio
FICLE V: Effective date, if other than the in effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTIC date of filing:	ONAL) days prid
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PICLE V: Effective date, if other than the in effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a m	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true pation submitted in a document to the Department of State	days prid
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Page 2 of 2