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FLORIDA LIMITED LIABILITY CO.

BSI REALTY, INC

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EXAMINER

H11000272681

November 16, 2011

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of BSI REALTY, INC of Doc # P000000063839 are the same owners of the attached articles of incorporation.

Very sincerely,

H11000272681

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--------|
| The name of the Limited Liability Company is: | |
| BST REALTY LLC (Must end with the words "Limited 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 | s: |
| Principal Office Address: Mailing Address: | |
| 2321 Bayview Lane 2321 Bayview Lane North Might FL 33181 | |
| 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: | |
| Brygn Sherman Name 2321 Bayview Lane Florida street address (P.O. Box NOT acceptable) North Migni, FL 33181 City, State, and Zip | n J |
| Having been named as registered agent and to accept service of process for the above stated limite 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 a 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) | all |
| (CONTINUED) | |

Page 1 of 2

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

| Title: | Name and Address: |
|---|--|
| "MGR" = Manager | • |
| "MGRM" = Managing Mem | ber |
| | \sim \sim |
| MGRM | Bryan Sherman |
| | North Mani FL 33181 |
| | North Mari G 32181 |
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| (Use attachment if necessary |) |
| PTICLE V. Effective date if other | r than the date of filing: (OPTIONAL) |
| an effective data is listed, the data | e must be specific and cannot be more than five business days pri- |
| | |
| or 90 days after the date of filing. |) |
| | |
| | |
| <u>REQUIRED</u> SIGNATURE | |
| | |
| | Chillen - |
| | |
| Signature of | f a member of an authorized representative of a member. |
| // | |
| e unit sometroses nij comprese se sentitamos | section 608.408(3), Florida Statutes, the execution of this document ation 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 de | gree felony as provided for in s.817.155, F.S.) |
| ; | Bryan Sherman |
| | Typed or printed name of signee |
| | Decree himse name of signer |

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