Division of Corporations **Electronic Filing Cover Sheet**

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(((H12000035642 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

To:

Account Name : FOLEY & LARDNER Account Number : 072720000061 : (904)359-2000 Phone

Fax Number

: (904)359-8700

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

PMcKinney@clientfirstfunding.com Email Address:

FLORIDA LIMITED LIABILITY CO. **BK IRA 2012, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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Electronic Filing Menu Corporate Filing Menu

Help

FEB 1 0 2012

EXAMINER

Fax Audit No. H12000035642 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
BK IRA 2012, LLC		
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LI.C.")	

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

2290 Premier Row	c/o SunTrust Bank
Altn: PO Box 919325, MC-FL Orlando 7146	P.O. Box 919325
Orlando, FL 33809	Orlando, FL 32891

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:

F&L Corp.	
	Name
One Independe	nt Drive, Suite 1300
	Florida street address (P.O. Box NOT acceptable)
Jacksonville	FL 32202
	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.

By: Chauncey W. Lever, Jr., Authorized Signatory

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Fax Audit No. H12000035642 3

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Buri Kroner
	301 Yamalo Rond, Suite 3200
	Boca Raton, FL 33431
(Use attachment if necessary)	
FICLE V: Effective date, if other than the n effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
FICLE V: Effective date, if other than the in effective date is listed, the date must be	
FICLE V: Effective date, if other than the n effective date is listed, the date must be r 90 days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior
TICLE V: Effective date, if other than the an effective date is listed, the date must be at 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608 constitutes an affirmation under I am aware that any false information for the section of the s	e specific and cannot be more than five business days prior
TICLE V: Effective date, if other than the an effective date is listed, the date must be at 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may are that any false information under the analysis of a may are that any false informations a third degree felony	of an authorized representative of a member. 3408(3), Florida Statutes, the execution of this document rathe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
TICLE V: Effective date, if other than the on effective date is listed, the date must be r 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may are that any false information constitutes a third degree felony Burt Kroner, Authorized 6	of an authorized representative of a member. 3408(3), Florida Statutes, the execution of this document rathe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State of as provided for in \$.817.155, F.S.)
PICLE V: Effective date, if other than the in effective date is listed, the date must be r 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a management of a man	of an authorized representative of a member. 3408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State of as provided for in s.817.155, F.S.) Representative of Member

Page 2 of 2

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