(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
7. LUNI				

MAY - 2 2011

EXAMINER

Office Use Only



200231691942

04/30/12=01005=003 **125.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BRR 2, LLC	
	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
ANTHONY COMPARA	ATO
	Name of Person
	Firm/Company
36 SE 3RD ST.	2 8 12
	Address Address
BOCA RATON, FL 33432	27 A588
	City/State and Zip Code
jwinslow@compson.com	I for future annual report notification)
	Eiri 65
For further information concerning this matter, please	se call:
Bevery Samuelson	at (561) 391-4040
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee & Sertificate Opy (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	Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of	d Liability Company, "L.L.C.," or "LLC.") the principal office of the Limited Li	ability Co	ompanı	y is:
Principal Office Address:	Mailing Address:	·	•	
36 SE 3rd St.	Same			
Bpca Raton, FL 33432				
36 SE 3rd St Florida str Boca Raton	f the registered agent are: ato Name	LAHASSEC. FLORIOA	12 APR 27 RM 1: 22	
Having been named as registered agent at liability company at the place designate registered agent and agree to act in this cast statutes relating to the proper and complete accept the obligations of my position at Registered Agent's	ed in this certificate, I hereby accept th apacity. I further agree to comply with lete performance of my duties, and I an	he appoint I the provi n familiar	ment a isions o with a	s of all ind

(CONTINUED)

Page 1 of 2

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

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

MGR	Anthony Comparato 36 SE 3rd St. Boca Raton, FL 33432	
		rie Gio
(Use attachment if necessary) FICLE V: Effective date, if other than the date of effective date is listed, the date must be so a graph of the days after the date of filing.)	nte of filing: (OPTIONA pecific and cannot be more than five business days	L) s prior
REQUIRED SIGNATURE:		
The state of the s	an authorized representative of a member.	
constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony as	•	
Anthony Compa	d 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)