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(((H12000141820 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. BAESUE PROPERTY, LLC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

MAY 31 2012

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO;	_	on Section f Corporations				
SURFE	cr. BA	ESUE PROPERTY	, LLC.			
50102			ited Lightlity Company			
The enol	losed Articl	es of Organization and fee(s) ar	e submitted for filing.			
Please re	etum all cor	respondence concerning this m	atter to the following:			
<u> </u>	BARR'	Y A. EISENSON				
			Name of Person			
			Finn/Company			
	1776 N	I. PINE ISLAND RO	AD, SUITE 224			
_		· · · · · · · · · · · · · · · · · · ·	Address			
P	LANTA	TION, FL 33322				
<u> </u>			ity/State and Zip Code			
<u>.</u> B	BARRY	EISENSONLAW.CO				
Fac Cook	i		for future annual report non Scatto	n)		
r or muu	et miorimu	ion concerning this matter, plea-	se caii:			
BARR	RY A. EIS	SENSON	at (954) 971-76	10		
	Na	ine of Person	Area Code & Daytime	Telephone Number		
Enclosed	d is a chec	k for the following amount:			2 HAY	
]\$125.00 F	Filing Fee	\$130.00 Filing Fow & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)	Y 30 AM	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	STATE LORIDA	9:01	Ö

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

BAESUE PROPERTY, LLC.

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

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:

Mailing Address:

1776 N. Pine Island Road, Suite 224 Plantation, FL 33322 1776 N. Pine Island Road, Suite 224 Plantation, FL 33322

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limitity 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:

BARRY A. EISENSON

Name

1776 N. Pine Island Road, Suite 224

Plorida street address (P.O. Box NOT acceptable)

Plantation

_{FL} 33322

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

12 HAY 30 EM 9:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Meml	Der .
mgr	Barry A. Elsenson
	1776 N. Pine Island Road, Suite 224
	Plantation, FL 33322
mg/m	Susan C. Eisenson
	1776 N. Pine Island Road, Suite 224
	Plantation, FL 33322
	than the date of filing: June 1, 2012 (OPTIONAL)
CLE V: Effective date, if other ffective date is listed, the date	than the date of filing: June 1, 2012 (OPTIONAL). must be specific and cannot be more than five business days prior
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ARTICLE IV- Manager(s) or Managing Member(s):

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Page 2 of 2