L12000095748

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000189131 3)))

H12000189131 3ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 24 AM 8:43

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RECEIVED
12 JUL 24 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.
BT Avalon Park MM, LLC

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

Electronic Filing Menu Corporate Filing Menu Help

B. KOHR

JUL 25 2012

EXAMINER

07/24/2012 10:59 8656336092 CT CORPORATION PAGE 01/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 24 AM 8:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BT Avalon Park MM, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kate Caswell
Name of Person

BET Investments, Inc.
Firm/Company

200 Witmer Road, Suite 200,
Address

Horsham, PA 19044
City/State and Zip Code

kcaswell@betinvestments.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Gumbel at (215) 938-7300
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (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
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 24 AM 8:43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BT Avalon Park MM, 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:

Principal Office Address:	Mailing Address:
c/o BET Investments, Inc.	c/o BET Investments, Inc.
200 Witmer Road, Suite 200	200 Witmer Road, Suite 200
Horsham, PA 19044	Horsham, PA 19044

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:

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
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.

C T Corporation System
By: Maria T. Chambers
Registered Agent's Signature (REQUIRED)

Maria T. Chambers
Special Assistant S...

(CONTINUED)
Page 1 of 2

FL013 - 11/06/2010 C T System Online

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

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	*Michael Markman,* c/o BET Investments, 200 Witmer Road, Suite 200 Horsham, PA 19044

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ____________________ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Kate Caswell
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kate Caswell
Typed 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)

FL043 - 01/09/2011 CT System Online