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Office Use Only



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SEGRETARY OF STATE
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COVER LETTER

TO: Registration Division of C			•.*	•
SUBJECT: R	1S1BB LLC Name of Limit	ted Liability Company		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corresp	pondence concerning this mat	ter to the following:		
<u>_</u>	ester W So	Name of Person		
_	151 BB, LLC			
	14 C-ATEWAY 1	31rd, Scrite	110	
B	yynon Beck	La, F1 3342	6	
		future annual report notification)	2013 Hy SEGRE ALEL/H	*** Bego
For further information	concerning this matter, please	•	IR-4	
Lester W'	SALZMAN of Person	at (<u>64</u>) <u>722-7</u> Area Code & Daytime Telep	2013 MR - 4 MILE IC SEGRETARY OF STATE ALLL/HASSEE FLORID phone Number	
Enclosed is a check f	or 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	Street/Courier Address		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Rent Sace BB LC (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:				
1014 GAZEWAY Blut Sut 114 BOYNOM BEACH, E1 33426	SAME				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another				
The name and the Florida street address of the r	egistered agent are:				
Loster W Socema	egistered agent are: Section Se				
Name	COR F P				
1014 Correway B1	iress (P.O. Box NOT acceptable)				
Bounton Boace City, Sta	<u>LFL 33√2C</u> = 5 ate, and Zip				
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited this certificate, I hereby accept the appointment as wity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with the gistered agent as provided for in Chapter 608, F.S.				

(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:

Marm	Lesley W Soveman
MORIT	1014 CATOWAY Blod Unt 110
<u>.</u>	
	·
•	
<u> </u>	
	A. S.
	AR
(Use attachment if necessary)	
LE V: Effective date, if other than the o	late of filing:

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)