Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

BZR Management LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

C. LEWIS

MAY 2 - 2013

EXAMINER

1/2

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ADTICUES OF OPCANIZATION

ARTICLES	FOR	
FLORIDA LIMIT	TED LIABILITY COMPANY	
ARTICLE 1 - Name The name of the Limited Liability Company is: BZR Ma	anagement LLC	
ARTICLE II - Address		
The mailing address and street address of the principal off	fice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
17555 Collins Avenue, Suite 2302	145-11 Jamaica Avenue	
Sunny Isles, FL 33160	Jamaica, NY 11435	
(P.O. F Sunny Islas, F Having been named as registered agent and to accept	Name Avenue, Suite 2302 Box or Mall Drop Box NOT Acceptable)	-

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.

Registered Agent's Signature - Bon Rasabi

H13000098284 ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Ben Rasabi - 145-11 Jamaica Avenue, Jamaica, NY 11435 MGR (Use attachment if necessary) **REQUIRED SIGNATURE:** Signature of a member or 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.) Ben Rasabi Typed or printed name of signee