## L14000162086

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ACCOUNT NO. : 12000000195	
REFERENCE: 339777 7289394	
AUTHORIZATION: Spelbelena	
COST LIMIT : \$ 155.00	
ORDER DATE : October 16, 2014	
ORDER TIME : 1:21 PM	
ORDER NO. : 339777-010	
CUSTOMER NO: 7289394	
~	
DOMESTIC FILING	
NAME: BINARYHOLDINGS, LLC	ince complete
	unce complete. Send to apostille
EFFECTIVE DATE:	please ->
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	
XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX CERTIFIED COPY PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Courtney Williams - EXT. 62935	
EXAMINER'S INITIAL	S:

## COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	BINARYHOLDINGS, LLC	•
SUBJECT		imited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	ern all correspondence concerning this	matter to the following:
	Mark S. Scott, Esq.	
		Name of Person
	ARNSTEIN & LEHR LLP	
		Firm/Company
	200 South Biscayne Boulevard, S	uite 3600
	· · · · · · · · · · · · · · · · · · ·	Address
	200 South Biscayne Boulevard, S	suite 3600
		City/State and Zip Code
	msscott@arnstein.com	
	E-mail address:	(to be used for future annual report notification)
For further	information concerning this matter, pl	ease call:
Mark S.	Scott, Esq.	305 428-4500
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	•
7		\$155.00 Filing Fee & \$160.00 Filing Fee.
_ <b>]\$</b> 125.00 F	iling Fee \$\bigs\text{\$\frac{1}{2}\$ \$130.00 Filing Fee & Certificate of Status	Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	d Liability Company is:				
BINARYHOLDINGS, (M		imited Liability Company, "L.L.C.," or "LLC.	.:")		
ARTICLE II - Address The mailing address and		cipal office of the Limited Liability Company i	is:		
Principal Office Addre	ss:	Mailing Address:			
110 E Broward Blvd, 5 Fort Lauderdale, FL 3		110 E Broward Blvd, Suite 1900 Fort Lauderdale, FL 33301			
(The Limited Liability C another business entity v	<b>9</b> , 9	•	an individual or		
	ARNSTEIN & LEHR LL		AL SE	74	
-		Name		ġ "	NC D
;	200 South Biscayne Bo	oulevard, Suite 3600	ETA MAS	4 007 16	: #1###
<del>-</del>	Florida street address (P.0		600 m	9 E	
	Miami	<sub>FL</sub> 33131	E G	79	7
-	City	Zip	STA	<del>.</del> [	recent
the place designated capacity. I further agr	in this certificate, I hereby see to comply with the prov in familiar with and accept ARNSTEIN & LEF By: /s/ Mark	cept service of process for the above stated limits a accept the appointment as registered agent and issions of all statutes relating to the proper and of the obligations of my position as registered age Chapter 605, F.S HR LLP  S. SCOTT, Esq.  Signature (REQUIRED)	d agree to act in complete perfor	n this mance	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Mark S. Scott
	200 South Biscayne Boulevard, Suite 3600
	Miami, FL 33131
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	OR OR
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	te of filing: (OPTIONAL)
EV: Effective date, if other than the date	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date ctive date is listed, the date must be s f filing.)	
EV: Effective date, if other than the date ctive date is listed, the date must be s f filing.) EVI: Other provisions, if any.	
E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m (In accordance with section constitutes an affirmation I am aware that any false)	pecific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the date ctive date is listed, the date must be s f filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	/s/ Mark S. Scott  iember or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section constitutes an affirmation I am aware that any false)	/s/ Mark S. Scott  iember or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

Page 2 of 2