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SECRETARY OF STATE
IVISION OF CORPORATION

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CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

-		WALK IN
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1.	Berman I Weil (CORPORATE NAME AND DOCU	MENT#)
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5.	(CORPORATE NAME AND DOCU	MENT #)
<u>-</u>	(CORPORATE NAME AND DOCU	MENT #)
6.	(CORPORATE NAME AND DOCU	MENT #)
SPECIAI	L INSTRUCTIONS:	

COVER LETTER

TO: Registration Division of	i Section Corporations		
SUBJECT: BERM	ANWEIL MANAGEMENT Name of Lir	GROUP, LLC nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
JOSEPH	I L. SCHWARTZ, ESQUIR	RE Name of Person	
		Name of Person	
BOIES.	SCHILLER & FLEXNER L	LP	
		Firm/Company	
2435 HC	LLYWOOD BLVD.		
		Address	
HOLLYV	/OOD, FLORIDA 33020		
	C	City/State and Zip Code	
LCAMPBELL@	BSFLLP.COM	d for future annual report notifica	tion)
For further information	n concerning this matter, plea	•	uion <i>y</i>
IOSERILI ESIRV	A (************************************	054 \ \ 004 0000	
JOSEPH L. SCHW. Nan	ne of Person	954) <u>924-0300</u> Area Code Daytime Tel	lephone Number
Enclosed is a check for	r the following amount:		
□ \$125.00 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	Street/Courier Addi	rèss

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:	
BERMAN/WEIL MANAGEMENT GROUP, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "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:
2001 HOLLYWOOD BLVD. SUITE 206 HOLLYWOOD, FLORIDA 33020	2001 HOLLYWOOD BLVD. SUITE 206
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	tegistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
STEVEN B. BERMAN	
Name	
2001 HOLLYWOOD BLVD., St	
Florida street address (P.O. Box]	NOT acceptable)
HOLLYWOOD.	FL 33020
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE	D)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	STEVEN B. BERMAN 2001 HOLLYWOOD BLVD SUITE 206 HOLLYWOOD, FLORIDA 33020
AMBR	MICHAEL J. WEIL 3541 NORTH 31 TERRACE HOLLYWOOD, FLORIDA 33021
 	
EV: Effective date, if other than the date of	of filing: (OPTIONAL)
EV: Effective date, if other than the date octive date is listed, the date must be spenfilling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date octive date is listed, the date must be spenfilling.)	of filing:
(Use attachment if necessary) E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber of su authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State of as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date of ctive date is listed, the date must be spe f filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber on an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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Page 2 of 2