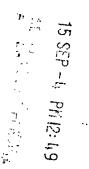
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

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SEPTEMBER 3 2015

OCTAVIO ERNESTO LONDONO

1800 N BAYSHORE DR APARTMENT 3507 MIAMI, FLORIDA 33132

TEL: 305 582 6560

COVER LETTER

	Division of Corporations		
SUBJEC	B.P.APARTMENTS. LLC.		
SUBJEC		f Limited Liabi	lity Company
The encle	osed Articles of Organization and fee(s) are submitted	l for filing.
Please re	turn all correspondence concerning thi	s matter to the	following:
	OCTAVIO E LONDONO		
		Name of	Person
		Firm/Co	ompany
	1800 N BAYSHORE DR APT 350)7	
		Add	ress
	MIAMI, FLORIDA 33132		
	biscayneparkapt@yahoo.com	City/State ar	nd Zip Code
		used for future	annual report notification)
For further	r information concerning this matter, p	lease call:	
	Octavio E Londono	305 L(582 6560
	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	: L_Certif	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing 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 Liability Company is:		7 (A)	ć ((
B.P.APARTMENTS. LLC.	ş . ·	1, 1 2	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	# 1 mg	
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:	7.	i
Principal Office Address:	Mailing Address:	ž.	
11659 GRIFFING BLVD	1800 N BAYSHORE DR APT 3507		

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:

BISCAYNE PARK, FLORIDA. 33161

OCTAVIO E LONE	ONO	
	Name	
1800 N BAYSHORI	E DR APT 3507	
Florida street addres	s (P.O. Box NOT acce	ptable)
MIAMI	FLORIDA	33132
City	State	Zip

MIAMI, FLORIDA. 33132

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 psy position as registered agences provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>		Name and Address:	
"AMBR" = Aı	thorized Member		*
"MGR" = Mar			
AMBR		ALEJANDRA ROCI	
		1800 N BAYSHORE	
		MIAMI, FLORIDA.	33132
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