

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : CORP USA Account Number : 072450003255

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Email	Address:					

FLORIDA LIMITED LIABILITY CO. BIG CITY PROPERTY INVESTMENTS, LLC

Certificate of Status	0_
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ARTICLES OF ORGANIZATION

FOR FLORIDA LYMITED LIABILITY COMPANY

ARTICLE I - Name
The name of the Limited Liability Company is:

BIG CITY PROPERTY INVESTMENTS, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 410 Sabat Way, Weston, Florida 33326

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent is:

LEE MARTIN
Name

410 Sahai Way
Florida street address (P.O. Box NOT acceptable)

Weston, Florida 33326 City, State, and Zip

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. Thereby 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 my position as registered agent as provided for in Chapter 605. F.S.

LEE MARTIN

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

LEE MARTIN, AMBR

410 Sabal Way

Weston, Florida 33326

HEATHER MARTIN, AMBR

410 Sabal Way

Weston, Florida 33326

ARTICLE V: Effective date, if other than the date of filing: ______(OPTIONAL) (if an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI - Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or artauthorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

LEE MARTIN

Typed or printed name of signee

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