Division of Corporations

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Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. BB Stirling LLC

Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR ELORIDA CIMITERDE LA BILLEY COMPANY

ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	cany cannot serve as its own an active Plorida registration reet address of the registered C.T. Corporation Sys	Registered Agent, Y n.) I agent are: tem Name	ou must designate an individual or
(The Limited Liability Companother business entity with	cany cannot serve as its own an active Plorida registration reet address of the registered C.T. Corporation Sys	Registered Agent, Y in.) I agent are: tem Name and Road	ou must designate an individual or
(The Limited Liability Companother business entity with	cany cannot serve as its own an active Florida registration reet address of the registered CT Corporation Sys	Registered Agent, Y n.) I agent are: tem Name	t's Signature: fou must designate an individual or
(The Limited Liability Companother business entity with	nany cannot serve as its own an active Plorida registration reet address of the registered	Registered Agent, Y n.) I agent are: tem	t's Signature: fou must designate an individual or
(The Limited Liability Companother business entity with	nany cannot serve as its own an active Plorida registration reet address of the registered	Registered Agent, Y n.) I agent are: tem	t's Signature: fou must designate an individual or
(The Limited Liability Companother business entity with	any cannot serve as its own an active Plorida registratio	Registered Agent, Y	t's Signature: fou must designate an individual or
(The Limited Liability Conn	any cannot serve as its own	Registered Agent, Y	t's Signature: ou must designate an individual or
		New	York, NY 10028
	Florida 33328	525	East 84th Street
11105 Stirlin	og Road	c/o.	Bela Bako
Prir	icinal Office Address:		Mailing Address:
ARTICLE II - Address: The mailing address and stre	et address of the principal o	ffice of the Limited I.	Liability Company is:
	and with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
BB Stirling L1			
	•		
the name of the Linksu Lin	bility Company is:		
The name of the Limited Ci-			
ARTICLE I - Name:			

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

C T Corporation System

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Kim Wasilewski Assistant Secretary

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<u>Titie:</u>	norized to manage and control the Limited Liability Company: Name and Address:
"AMBR" = Authorized Member "MGR" = Manager Sole Member	Bela Bako
	525 East 84th Street New York, NY 10028
(Use attachment if necessary)	
(if an effective date is listed, the date must be spec the date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is execute 1 am aware that any false	mber of an authorized representative of a member. Id in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State follows as provided for in s.817.155, F.S.
	Kenneth Gliedman, Esq.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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