

L16000230670

P.01/03

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000313093 3)))



H16000313093ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : ROBERT LEE SHAPIRO, P.A.
Account Number : I19990000101
Phone : (561) 691-0059
Fax Number : (561) 691-0066

FILED
16 DEC 22 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: monicak@brockdevelopmentcorp.com

FLORIDA LIMITED LIABILITY CO.
Alton GP/BSC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. BURCH

DEC 23 2016

Electronic Filing Menu

Corporate Filing Menu

Help

(((H16000313093 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alton GP/BSC, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4650 Donald Ross Road
Suite 200
Palm Beach Gardens, FL 33418Mailing Address:4650 Donald Ross Road
Suite 200
Palm Beach Gardens, FL 33418

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.)

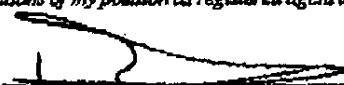
The name and the Florida street address of the registered agent are:

Peter Brock

Name

4650 Donald Ross Road, Suite 200Florida street address (P.O. Box NOT acceptable)Palm Beach Gardens FL 33418
City State 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, 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 22 PM 4:47

FILED

(((H16000313093 3)))

(((H16000313093 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**Peter Brock4650 Donald Ross Road, Suite 200Palm Beach Gardens, FL 33418

FILED
 16 DEC 22 PM 4:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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 an authorized 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.

Peter Brock, Manager

Typed or printed name of signer

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)

Page 2 of 2

(((H16000313093 3)))