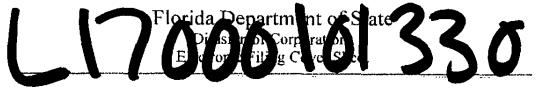
5/5/2017

Division of Corporations



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.

(((H17000124666 3)))



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Ta:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (512)418-6949

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:_
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FLORIDA LIMITED LIABILITY CO.

Bedrock MH Sales, LLC

Certificate of Status	0
Certified Copy	ð
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

	Division of Corporations	
	Bedrock MH Sales, LLC	
Subjec		imited Liability Company
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.
Please ref	um all correspondence concerning this r	natter to the following:
	Nationiel H. Amdola, Esquire	
		Name of Person
	Brown Rudnick LLP	
		Firm/Company
	One Financial Center	•
		Address
	Boston, MA 02111	
	paul@bedrockcommunities.com	City/State and Zip Code
	H-mail address: (to be use	ed for future annual report notification)
For further	information concerning this matter, plea	speall:
	Mary Ann Kranier	617 856-8231
		Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00 E	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enalosed) Status & Certified Copy (additional copy is anclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bedrock MH Sale	s, LLC		
(Must c	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal o	ffice of the Limited	Liability Company is:
Prin	cinal Office Address:		Mailing Address:
24 DD Street		650	Fifth Avenue, 16th Floor
ZY DU BULGOL		050	Titula 21 reality, 1001 E tout
Lakeland, FL 331 ARTICLE III - Registered. The Limited Liability Comp	Agent, Registered Office, any camot serve as its own	Now & Registered Age Registered Agent.	York, NY 10019
Lakeland, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration of address of the registered	& Registered Agent and,)	York, NY 10019 nt's Signature:
Lakeland, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registratio	& Registered Agent and,)	York, NY 10019 of's Signature:
Lakeland, FL 331 ARTICLE III - Registered	Agent, Registered Office, any cannot serve as its own an active Florida registration of address of the registered	& Registered Agent. Registered Agent. d agent are: tem Name	York, NY 10019 nt's Signature:
Lakeland, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration of address of the registered of CT Corporation Systems	& Registered Agent. Registered Agent. m.) d agent are: hem Name	y York, NY 10019 nt's Signature: You must designate an individual a
Lakeland, FL 331 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration of address of the registered of CT Corporation Systems 1200 South Pine Islands	& Registered Agent. Registered Agent. m.) d agent are: hem Name	y York, NY 10019 nt's Signature: You must designate an individual a

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...

. ...

(CONTINUED)

Registered Agent's Signature (N

2011 MAY -8 PH 11: 02

SEUTIETARY OF STATE

TALLAHASSEE FINALE

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	Paul Golkovich III
WILK	c/o Bedrock Communities Management LLC
	650 Fifth Avenue, 16th Ploor, New York, NY 10019
	Control of the contro
V: Effective date, if other than the citys date is listed, the date must b filling.) he date inserted in this black does	date of filing: e specific and cannot be more than five business days prior to or 90 not most the applicable statutory filing requirements, this date will no
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V: Effective date, if other than the tive date is listed, the date must building.) be date inserted in this black does ent's effective date on the Department's effective date of the Department's effective date of the Department's effective date on the Department's effective date of the Departmen	e specific and cannot be more than five business days prior to or 90 more more the applicable statutory filing requirements, this date will not sent of State's records. **Common State of Stat