

2017/08/10 11:27:53 1 /2

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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RECEIVED  
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**FLORIDA LIMITED LIABILITY CO.  
BI 21 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION  
OF  
BI 21 LLC

ARTICLE I: - Name

The name of the Limited Liability Company is BI 21 LLC

ARTICLE II: - Address

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


2601 South Bayshore Drive  
Suite 1200  
Miami, Florida 33133

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

Alex Horn  
2601 South Bayshore Drive  
Suite 1200  
Miami, Florida 33133

*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.*

  
Alex Horn, Registered Agent

ARTICLE IV: - Management


☒ The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager-managed company.

ARTICLE V: - Manager(s)

The name and address of each Manager is as follows:

MGR

Alex Horn  
2601 South Bayshore Drive, Suite 1200  
Miami, Florida 33133

  
Alex Horn, Authorized Representative

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, F.S.

Alex Horn  
\_\_\_\_\_  
Typed or printed name of signer

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STATE OF FLORIDA  
DEPARTMENT OF STATE