

Division of Corporations

Page 1 of 2

L1900000 40418

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.

(((H19000054409 3)))



H190000544093ABC%

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 : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518) 229-8228
Fax Number : (302) 371-9850

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

Email Address: JERRY@DIVERSIFIEDCORP.COM

**FLORIDA LIMITED LIABILITY CO.
BASM 11, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

C RICO
FEB 15 2018

((H19000054409 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BASM 11, 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:

C/O COX, PADMORE, SKOLNIK & SHAKARCHY LLP

630 THIRD AVENUE, 19TH FLOOR

NEW YORK, NEW YORK 10017

Mailing Address:

SAME

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:

DIVERSIFIED CORPORATE SERVICES INTL, INC.

Name

18560 NORTH BAY ROAD

Florida street address (P.O. Box **NOT** acceptable)

SUNNY ISLES BEACH, FL

33160-2439

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..

s/ JERRY JOSEPH

Registered Agent's Signature (REQUIRED)

JERRY JOSEPH, PRESIDENT

(CONTINUED)

((H19000054409 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 FEB 15 PM 3:14

((H19000054409 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

MGMBR

Name and Address:

BABAK EBRAHIMZADEH

C/O COX, PADMORE, SKOLNIK & SHAKARCHY LLP
630 3RD AVE., 19TH FL., NY, NY 10017

MBR

MAURICE MORADOF

C/O COX, PADMORE, SKOLNIK & SHAKARCHY LLP
630 3RD AVE., 19TH FL., NY, NY 10017

MBR

ABRAHAM MASLAVI

C/O COX, PADMORE, SKOLNIK & SHAKARCHY LLP
630 3RD AVE., 19TH FL., NY, NY 10017

MBR

SAUL MASLAVI

C/O COX, PADMORE, SKOLNIK & SHAKARCHY LLP
630 3RD AVE., 19TH FL., NY, NY 10017

(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.

THE LIMITED LIABILITY COMPANY, TO THE FULLEST EXTENT PERMITTED UNDER LIMITED LIABILITY COMPANY ACT, AS THE SAME MAY BE AMENDED AND/OR SUPPLEMENTED, FROM TIME TO TIME, SHALL INDEMNIFY ANY AND ALL PERSONS QUALIFIED TO BE INDEMNIFIED PURSUANT THERETO.

REQUIRED SIGNATURE:

s/ BABAK EBRAHIMZADEH

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.

BABAK EBRAHIMZADEH

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)

((H19000054409 3)))