

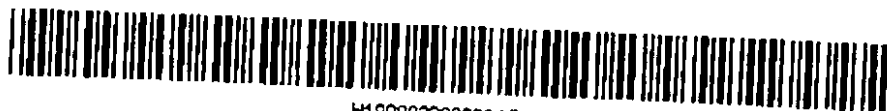
11/7/2019

# LI9000267802

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

From:  
Account Name : LLOYD GRANET  
Account Number : 874632001025  
Phone : (561)999-9300  
Fax Number : (561)999-9400

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

Email Address: msbutters@butters.com

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FLORIDA LIMITED LIABILITY CO.  
BREF 950 LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the limited liability company is:

**BREF 950 LLC**

**ARTICLE II - Address:**

The street and mailing address of the principal office of the limited liability company is:

6820 LYONS TECHNOLOGY CIRCLE, SUITE 100  
COCONUT CREEK, FL 33073

**ARTICLE III - Initial Manager**

The limited liability company is manager managed.  
The initial Manager of the limited liability company shall be:

**BUTTERS MANAGER LLC**

which may act on behalf of the Company and is authorized, empowered and directed to do or cause to be done all such acts or things and to sign and deliver, or cause to be signed and delivered, all documents, instruments and certificates in the name and on behalf of the Company. It shall serve until it shall resign or a replacement shall be elected.

**ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Lloyd Granet, P.A.**  
**2295 NW Corporate Boulevard, Suite 235**  
**Boca Raton, FL 33431-7330**

*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.*

By: Registered Agent's Signature

(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 s.817.155, F.S.)

Signature of a member or an authorized representative of a member

**Lloyd Granet**

SECRETARY OF STATE  
TALLAHASSEE, FL

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