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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2022 JAN -3 PH 2: 38

2022 JAN -3 AM 8: 58

SECRETARY OF STATE

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com FROM, Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 12/30/2021

850-245-6051

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 986316

ORDER ENTITY_______BURLINGTON TOWER LLC

PLEASE PERFORM THE FOLLOWING SERVICES: BURLINGTON TOWER LLC (FL)	
New LLC filing	
NOTES:	
\$125.00 Authorized	
Email address for annual report reminders: lhewes@ycorpservices.com	

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2022 JAN -3 AM 8: 58

A	\mathbf{RT}	CI	\mathbf{F}	١	Na	me:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

Burlington Tower L	LC		
(Must con	tain the words "Limited I	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Li	mited Liability Company is:
<u>Princip</u>	oal Office Address:		Mailing Address:
1000 Burlington Av			86 Route 59 East
St Petersburg, FL 33	705		Spring Valley, NY 10977
another business entity with an The name and the Florida street	active Florida registratio	on.)	gent. You must designate an individual or
	Miami Gardens Apar		
		Name	
	18457 NW 37th Ave		
	Florida street address	s (P.O. Box <u>N</u>	QT acceptable)
	Miami Gardens	FL	33056
	City	State	Zip
place designated in this certificate further agree to comply with the p	, I hereby accept the apportions of all statutes re bligations of my position	ointment as re elating to the p as registered a	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I roper and complete performance of my duties, and I agent as provided for in Chapter 603, F.S.
	Regist	ered Agent's S	Signature (REQUIRED)
		(CONTINI	(FD)

TILED

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
	Authorized Member	
"MGR" = Ma	mager	
MGR	Brany Eichler	
	1000 Burlington Ave N	
	St Petersburg, FL 33705	
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neffective date is ate of filing.) :: If the date inser	listed, the date must be specific and cannot be more than five business days prior to or 90 darted in this block does not meet the applicable statutory filing requirements, this date will not be ve date on the Department of State's records.	•
ICLE VI: Other p	rovisions, if any.	_
REOURED	SIGNATURE:	_
	Brans Eichle	
	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.	
	Brany Eichler	
	Typed or printed name of signee	

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)