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To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : HILL WARD HENDERSON Account Number : 072100000520 Phone : (813)221-3900 Fax Number : (813)200-5995 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_

# FLORIDA LIMITED LIABILITY CO. BDP Limited, LLC

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T. SCOTT

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#### ARTICLES OF ORGANIZATION

**OF** 

# BDP LIMITED, LLC

The undersigned executes these Articles of Organization of BDP Limited, LLC to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act:

## ARTICLE I. NAME

The name of the limited liability company is: BDP Limited, LLC

## **ARTICLE II. ADDRESS**

The mailing and street address of the principal office of the limited liability company is 1714 W. Morrison Ave., Tampa, Florida 33606.

### ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 101 E. Kennedy Blvd., Suite 3700, Tampa, Florida 33602, and the name of the limited liability company's initial registered agent at that address is David S. Felman.

Having been named 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.

David S. Felman

#### ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is a manager-managed limited liability company.

**EXECUTED:** March <u>10</u>, 2022

ON EN

David S. Felman,

Authorized Representative of Member