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COVER LETTER

COVER LETTER					
TO: New Filing Section Division of Corporations					
SUBJECT: BRE 1400 NOTTINGHAM, LLC Name of Limited Liability Company					
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Lynn B Aust Name of Person					
AUST LAW FIRM Firm/Company					
220 E UNINGSTON ST Address					
City/State and Zip Code <u>City/State and Zip Code</u> <u>City/State and Zip Code</u> <u>City/State and Zip Code</u> <u>City/State and Zip Code</u> <u>E-mail address:</u> (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee S Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" Authorized Member	Name and Address:
"MOR" = Manager	RICK E. BATIA
AMBR	BAN FRANCISCO, CA 94107 Rose E. BATIA 1056 CABOLINA ST
AMOR	MORIL D. BATIA
AMBR	ABIBALL D. BATIA
	1207 NOTTINGHAM OT ORIANDO, FL 32803

(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.)

<u>Note:</u> 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. **REOUIRED SIGNATURE:** 64 1 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. Typed or printed name of signee Filing Fees: 2022 HAR 14 PH 3: 24 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)