

L22000119860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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LLC

1. BSD PI FL LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BSD PI FL LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9595 COLLINS AVE UNIT N510
SURFSIDE, FL 33154

Mailing Address:

9595 COLLINS AVE UNIT N510
SURFSIDE, FL 33154

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:

Riverside Filings LLC

Name

155 OFFICE PLAZA DRIVE, 1ST FLOOR

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

TALLAHASSEE FL 32301

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/ELLIOTT TEITELBAUM

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

ARI SILBERSTEIN
9595 COLLINS AVE UNIT N510
SURFSIDE, FL 33154

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2012 MAR 23 AM 11:34
CLARK COUNTY FL
CLERK OF DISTRICT COURT

REQUIRED SIGNATURE:

/S/ELLIOTT TEITELBAUM

ELLIOTT TEITELBAUM

Typed or printed name of signee

Filing Fees:

S 5.00 Certificate of Status (Optional)