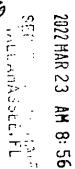
L22000123403

	(Requesto	or's Name)		
	(Address)			
	(Address)			
	(City/State	e/Zip/Phone a	#)	
PICK-UP		WAIT	MAIL	
	(Business	Entity Name	·)	
	(Documer	nt Number)		_
Certified Copies	_	Certificates	of Status	
Special Instructions to	Filing Off	ficer:		

Office Use Only



600384051346



POPHARON AM 8: 5

2022 на к 23 PH 2: (

75

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03/23/22

NAME: BAT OR LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Q 1-100gl



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2022

FLORIDA FILING

SUBJECT: BAT OR LLC

Ref. Number: W22000038485

We have received your document for BAT OR LLC and your check(s) totaling \$. $\stackrel{\checkmark}{\subset}$ However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 322A00006949

11

Please Keep original file date Thank you's

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BAT OR REALTY	Y LLC			_
(Must co	ontain the words "Limited L	iability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limited I	Liability Company is:	
Princ	cipal Office Address:		Mailing Address:	
12954 BIG BEAR	BLUFF		VINDSOR GATE	
BOYNTON BEA	CH, FL 33473	GRE.	AT NECK, NY 11020	
The name and the Florida stre	an active Florida registration	n.)	'ou must designate an individuate	3 3
-	an active Florida registration	n.) agent are: , P.A. Name VE CENTER DRIV	/F. #100	2022 HAR 23 AM 8:
•	ect address of the registered GARY M. KRASNA 2385 NW EXECUTI	n.) agent are: , P.A. Name VE CENTER DRIV	/F. #100	0022 MAR 23 AM SECOTION ASSES
-	an active Florida registration cet address of the registered GARY M. KRASNA 2385 NW EXECUTI Florida street address	agent are: , P.A. Name VE CENTER DRIV s (P.O. Box NOT ac	/F. ≠100 Foceptable)	1022 MAR 23 AM 8: 5

(CONTINUED)

"AMBR" = Authorized Member	
"MGR" – Manager MGR	DANIEL PERLA 104 WINDSOR GATE GREAT NECK, NY 11020
	7.77 E C MAR.
71 I (Farance)	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifite of filing.) If the date inserted in this black does not mee	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.) If the date inserted in this block does not mee becoment's effective date on the Department of State VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifite of filing.) If the date inserted in this block does not mee becoment's effective date on the Department of SCLE VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be State's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifite of filing.) If the date inserted in this block does not mee becoment's effective date on the Department of SCLE VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be State's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specifite of filing.) If the date inserted in this block does not mee ocument's effective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed I am aware that any false in	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be State's records.

as

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Steppe (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)