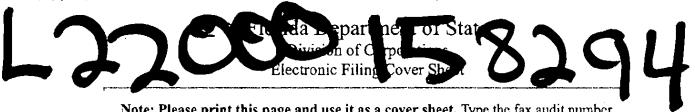
4/14/22, 11:28 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 12000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						

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RECEIVED

FLORIDA LIMITED LIABILITY CO. BS2J, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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71 APP II. III.

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LLMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:							
BS2J, LLC								
(Must conta	in the words "Li	mited Liability Comp	any, "L.L.C.," or "LLC.")					
ARTICLE II - Address:								
The mailing address and street ad	dress of the prin	cipal office of the Lir	nited Liability Company is:					
<u>Principa</u>	Principal Office Address:			ddress:				
3145 NW 38 ST	3145 NW 38 ST							
MIAMI, FL 33142								
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac-	annot serve as i	ts own Registered Ag		individual or				
The name and the Florida street a	ddress of the reg	sistered agent are:						
BRETT BOCHNER								
Name								
3145 NW 38 ST								
	Florida street address (P.O. Box NOT acceptable)							
	МІАМІ	FL	33142					
	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/ Bratt Bockner
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 APR 14 AM 5: 31

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	BRETT BOCHNER	<u> </u>
	3145 NW 38 ST MIAMI, FL 33142	
AMBR	JOSHIJA BOCHNER	
	3145 NW 38 ST MIAMI, FL 33142	
AMBR	JOSHUA SALZMAN	
	3145 NW 38 ST MIAMI, FL 33142	
AMBR	SAM SALZMAN	
	3145 NW 38 ST MIAMI, FL 33142	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the de		
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than	five business days prior to or 90 days after
Note: If the date inserted in this block does no the document's effective date on the Department		ng requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
/4	/ Brett Bockner	
Signature of a r This document is exec	member or an authorized represented in accordance with section 60 lse information submitted in a docu	05.0203 (1) (b), Florida Statutes.

BRETT BOCHNER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

