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DIVISION OF CORPORATIONS JUNIOR CORPORTAL TALLAHASSEE, FLORIDAT JUNIOR CORPO

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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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COVER LETTER

Salomon V. Bagdadi at () Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee I\$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Mailing Address Street Address		New Filing Sec Division of Cor				
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: Daniel Deitchman Name of Person Firm/Company 3201 N. Federal Hwy, Suite 200 Address Oakland Park, FL 33306 City/State and Zip Code dan@newrockre.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Salomon V. Bagdadi Salomon V. Bagdadi Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address Street Address	SURIFC		T PROPERTY 3, LLC	5		
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□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status		Nam	e of Person	Area Cod	e Daytime Telephor	ne Number
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New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee						
P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303		P.O. Be	ox 6327		2415 N. Monroe Stre	et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liabilit	y Company is:	
BELCREST PROPE	RTY 3, LLC	
(Must cont	ain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	idress of the principal office of	of the Limited Liability Company is:
The maning address and street at	acress of the principal office of	The Emilied Liability Company is.
<u>Princip</u> :	al Office Address:	Mailing Address:
3201 N. Federal Hwy	, Suite 200	3201 N. Federal Hwy, Suite 200
Oakland Park, FL 33	306	Oakland Park, FL 33306
another business entity with an a	cannot serve as its own Regis ctive Florida registration.)	tered Agent. You must designate an individual or
The name and the Florida street a	iddress of the registered agent	are:
	Joshua Deitchman	
	Nam	<u> </u>
	3101 N. Federal Hwy, Suit	e 400
	Florida street address (P.O	Box NOT acceptable)

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..

State

Oakland Park, FL 33306 City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
_	D-110 2 1
MGR	Daniel Deitchman 3201 N. Federal Hwy, Suite 200
	Oakland Park, FL 33306
	
	
(Use attachment if necessary)	(07710)
LE V: Effective date, if other than the date fective date is listed, the date must be so filing.) If the date inserted in this block does no	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day t meet the applicable statutory filing requirements, this date will not be
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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