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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PETERSON & MYERS PA

Account Number : I20080000078 Phone : (863)683-6511

Fax Number : (863)688-8099

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

Email	Address:		

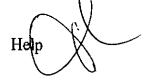
## FLORIDA LIMITED LIABILITY CO. BSD-AUBURN II, LLC

Certificate of Status	1
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## **COVER LETTER**

TO:	New Filing Sec Division of Cor	tion rporations					
SUBJE	BSD-AUB	URN II, LLC					
		Name of Lin	nited Liabi!	ity Company			
The one	closed Articles of	Organization and fcc(s) ar	submitted	l for filing.			
Please	return all correspo	ondence concerning this m	itter to the	following:			
	Croig B. Hil	l, Eøg.					
	<del></del>		Name of	Person		-	
	Peterson & N	Myers, P.A.					
			Firm/Co	пџапу	12	202	
	225 E. Lemo	on St., Suite 300				2022 JUN 30	-
			Addı	ts3	- :	30	
	Lakeland, FI	L 33801			- 11 - 12 - 12 - 12 - 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 13	AH AH	Fin
	chill@pctcrso		ity/State on	d Zip Code	<u>်</u>	8: 5 <u>0</u>	( )
		-mail address: (to be used	for future o	mnual report notificat		- S	
For furth	er information co	ncerning this matter, please	call:				
	Craig B. Hill		<b>3</b> 3	683-6511 }			
	Nami	e of Person A	rca Code	Daytime Telephon	a Number		
Enclose	ed is a charle for th	ne following amount:					
		_					
LJ3123	i.00 Piling Fee	### States of Status	Certifi	5.00 Filing Fee & ed Copy all copy is enclosed)	□S160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	ż	
	New Fi	g Address ling Section		Street Address New Filing Section D	ivision		
	Divisio	n of Corporations ox 6327		The Centre of Tallahi 2415 N. Monroe Stre	, 39128		
		issee, FL 32314		Tailahassee, FL 3230			

Tallahassee, FL 32303

H22000225413 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BSD-AUB	URN II, LLC					
(M	ust contain the words "Limited Lie	ability Company,	'L.L.C.," or "LLC.")			
ARTICLE II - Address The nutling address and	: street address of the principal off	ice of the Limited	Linbility Company is:			
Ţ	Principal Office Address:		Malling Address:			
2830 DRANI	E EIRLO DO	***				
	C P I COUNT.	2831	DRANE FIELD RD.			
LAKELAND			ELAND, FL 33811			
ARTICLE III - Registe (The Limited Liability C snother business entity t		LAk Registered Agent.	ELAND, FL 33811	or CARASSE	302 JUN 30	ŗ-
ARTICLE III - Registe (The Limited Liability Canother business entity to	red Agent, Registered Office, & ompany cannot serve as its own R with an active Florida registration,	LAk Registered Agent.	ELAND, FL 33811	FIRE ARY OF CALLANASSEL.	_	[ ]
ARTICLE III - Registe (The Limited Liability C snother business entity t	red Agent, Registered Office, & ompany cannot serve as its own R with an active Florida registration, a street address of the registered a CRAIG B. HILL	LAk Registered Agent.	ELAND, FL 33811	CJR ARY 0: 31	3	ָרָר רַר
ARTICLE III - Registe (The Limited Liability Canother business entity to	red Agent, Registered Office, & ompany cannot serve as its own R with an active Florida registration, a street address of the registered a CRAIG B. HILL	Registered Agent.  ) gent are:	ELAND, FL 33811	CALLAHASSEEL FLORII	AM 8:	
ARTICLE III - Registe (The Limited Liability Canother business entity to	red Agent, Registered Office, & ompany cannot serve as its own R with an active Florida registration, a street address of the registered a CRAIG B. HILL	Registered Agent. ) gent are: Name	ELAND, FL 33811  t'a Signature: 'ou must designate an individual	CJR ARY OF STATE CALLAHASSEL, FLORIDA 6	3	
ARTICLE III - Registe (The Limited Liability Canother business entity to	red Agent, Registered Office, & ompany cannot serve as its own R with an active Florida registration, a street address of the registered a CRAIG B. HILL	Registered Agent. ) gent are: Name	ELAND, FL 33811  t'a Signature: 'ou must designate an individual	CJG ACY DESTATE CALLAHASSELLELORUM 8	AM 8: 5	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MOR" = Manager	Name and Address:
MGR ·	HOWARD D, BAYLESS 2830 DRANE FIELD RD, LAKELAND, FL 33811
MGR	AUSTIN T. JONES 2830 DRANE FIELD RD. LAKELAND, PL 33811
(Use attachment if necessary)	
	the date of filing: (OPTIONAL)
of filling.) The date inserted in this block do	oes not need the applicable statutory filing requirements, this date will not be
of filing.) The date inserted in this block do ment's effective date on the Dep	oes not need the applicable statutory filing requirements, this date will not be
of filting.) The date inserted in this block do nient's effective date on the Dept E VI: Other provisions, if any.	oes not need the applicable statutory filing requirements, this date will not be
of filing.)  The date inserted in this block do ment's effective date on the Deposite VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document if a may are that if the date of the latest content in the content in	oes not need the applicable statutory filing requirements, this date will not be

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\$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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