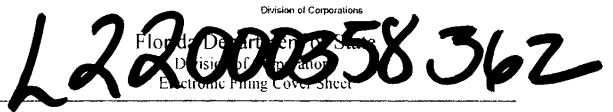
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**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. **DFILP Edenton, LLC**

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

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
DFILP Edenton, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address; The mailing address and street address of the principal office of	Set 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
and and any time succession the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Auburndale Properties, Inc.	C/o Aubumdale Properties, Inc.

Woodcliff Lake, NJ 07677	Woodcliff Lake, NJ 07677
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	istered Agent?s Signature: ered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

50 Tice Blvd., Suite 320

Woodcliff Lake, NJ 07677

C T Corporation Sys	stern	
	Name	
1200 South Pine Isla	ind Road	
Florida street addres	s (P.O. Box NOT acc	eptable)
Plantation	Florida	33324
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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

C T Corporation System By: Julia Timel	, , , , , , , , , , , , , , , , , , , ,
By: Janua Julya	by Sandra Zwijack, Assistant Secretar
Registered Agent's S	ignature (REQUIRED)

c/o Auburndale Properties, Inc.

50 Tice Blvd., Suite 320

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Dempsey Family Investments Limited Partnership c/o Auburndale Properties Inc. 50 Tice Blvd., Suite 320 Woodcliff Lake, NJ 07677
	Section Base, 19 01077
AMBR	BJD Holdings, LLC
	c/o Aubumdale Properties Inc., 50 Tice Blvd., Suite 320 Woodcliff Lake, NJ 07677
MGR	Benjamin Dempsey
	c/o Auburndale Properties, Inc., 50 Tice Blvd., Suite 320 Woodcliff Lake, NJ 07677
(Use attachment if necessary)	
EV: Effective date if other than the de	te of filing: (OPTIONAL)
	specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be s	Poerry and cannot be more than live business have prior to or on
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f filing.) the date inserted in this block does not next seffective date on the Department.	imeet the applicable statutory filing requirements, this date will not at of State's records.

Tal Mor- Duly Authorized on behalf of BJD Holdings, LLC
Typed or printed name of signee

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

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)

21.1152 - 04/16/2020 Walters Klewer Online