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S. CHATHAM

TALLAHASSEE, FLORIDA

2022 AUG 19 AM II: 38

22 AUG 22 PH 8: 37

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : REFERENCE : AUTHORIZATION : COST LIMIT : \$ 155.00 ORDER DATE: August 18, 2022 ORDER TIME : 9:04 AM ORDER NO. : 893889-005 CUSTOMER NO: 8033950 DOMESTIC FILING NAME: BBFL PROPERTY, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

XX ___ CERTIFIED COPY

____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

COVER LETTER

	New Filing Sec Division of Cor					
ou na rac	BBFL Prop	perty, LLC				
SUBJEC	·	Name of Lin	nited Liability Company			
The enclo	sed Articles of	Organization and fee(s) are	e submitted for filing.			
Please ret	urn all correspo	ondence concerning this ma	utter to the following:			
	Michael Gol	d				
			Name of Person			
	Gold Law Pa	artners, LLP				C
			Firm/Company		22 A	SIAII
	4145 Little F	Fails Dr.		-	AUG 22	SECUCIA
		<u> </u>	Address			C)
	Cumming, C	GA 30041			PH 8:	CORPORATIONS
			ity/State and Zip Code		CS	10
		awpartners.com	for future annual report notificati		_	Si
For further		ncerning this matter, please		,		
or latines	Mike Gold	77	70 316-3540			
	Nam	at (at (_at (rea Code Daytime Telephone	Number		
Enclosed	is a check for the	he following amount:				
	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	New F Division P.O. B	ng Address iling Section on of Corporations tox 6327 assee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BBFL Property,	LLC		<u>.</u>		
	conatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Limited	Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
4200 Steve Rey	nolds Blvd.	P.O.	Box 1254		
Suite 12		Aubi	um, AL 36831		
Suite 12		<u> Auu</u>	<u>ин, АС 30631</u>		0
Norcross, GA 3				22 AU	DIVISI
Norcross, GA 36 ARTICLE III - Registered (The Limited Liability Comanother business entity with	I Agent, Registered Office, pany cannot serve as its own an active Florida registration and address of the registered	& Registered Agent. Yon.)		22 AUG 22 PM 8:	SECRETARY OF SIA DIVISION OF CORPORA
Norcross, GA 36 ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agent. Yon.) i agent are:	t's Signature:	РН	CRETARY OF STATION OF CORPORATI
Norcross, GA 36 ARTICLE III - Registered (The Limited Liability Comanother business entity with	I Agent, Registered Office, pany cannot serve as its own an active Florida registration and address of the registered	& Registered Agent. Yon.) diagent are: Company Name	nt's Signature: You must designate an individual or	PH 8:	SECRETARY OF STATE DIVISION OF CORFORATION:
Norcross, GA 36 ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Corporation Service	& Registered Agent. Yon.) diagent are: Company Name	nt's Signature: You must designate an individual or	PH 8:	CRETARY OF STATION OF CORPORATI

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..

Corporation Service Company

By

Assume Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:		
"AMBR" = Authorized	Member		
"MGR" = Manager			
MGR	DP General, Inc.		
771575	P.O. Box 1254		
	Auburn, AL 36831		
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effective date is listed, the	other than the date of filing:		
CLE V: Effective date, if effective date is listed, the of filing.)	other than the date of filing: (OPTIONAL)		
CLE V: Effective date, if effective date is listed, the ite of filing.) If the date inserted in this ocument's effective date of	other than the date of filing:		
CLE V: Effective date, if effective date is listed, the te of filing.) If the date inserted in this ecument's effective date of	other than the date of filing:		
CLE V: Effective date, if effective date is listed, the ite of filing.) If the date inserted in this ocument's effective date of	other than the date of filing:		
CLE V: Effective date, if effective date is listed, the te of filing.) If the date inserted in thi ocument's effective date of CLE VI: Other provisions REQUIRED SIGNA	other than the date of filing:		
CLE V: Effective date, if effective date is listed, the te of filing.) If the date inserted in this ocument's effective date of CLE VI: Other provisions REQUIRED SIGNATION	s block does not meet the applicable statutory filing requirements, this date will not in the Department of State's records. TURE: Signature of a member or an authorized representative of a member. Incoment is executed in accordance with section 605,0203 (1) (b), Florida Statutes.		
CLE V: Effective date, if effective date is listed, the of filing.) If the date inserted in thi ocument's effective date of CLE VI: Other provisions REQUIRED SIGNATION AND ADDRESS AND	other than the date of filing:		
ICLE V: Effective date, if a effective date is listed, the ate of filing.) If the date inserted in thi ocument's effective date of ICLE VI: Other provisions REQUIRED SIGNATION AT This design is a series of the content of the cont	s block does not meet the applicable statutory filing requirements, this date will not in the Department of State's records. TURE: Signature of a member or an authorized representative of a member. locument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.		
ICLE V: Effective date, if a effective date is listed, the ate of filing.) If the date inserted in thi ocument's effective date of ICLE VI: Other provisions REQUIRED SIGNATION AT This design is a series of the content of the cont	s block does not meet the applicable statutory filing requirements, this date will not in the Department of State's records. TURE: Signature of a member or an authorized representative of a member. Socument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S. Michael Gold Typed or printed name of signee		
ICLE V: Effective date, if a effective date is listed, thate of filing.) If the date inserted in thi ocument's effective date of ICLE VI: Other provisions REQUIRED SIGNATION This date a consti	s block does not meet the applicable statutory filing requirements, this date will not in the Department of State's records. TURE: Signature of a member or an authorized representative of a member. locument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State tutes a third degree felony as provided for in s.817.155, F.S.		

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-