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#### **COVER LETTER**

TO:	New Filing Sec Division of Co					
SUBJEC		d Enterprises, LLC				
SUBJEC		Name of	Limited	Liabili	ty Company	<del></del>
The encl	osed Articles of	Organization and fee(s	) are sub	mitted	for filing.	
Please re	turn all corresp	ondence concerning this	matter t	o the fo	ollowing:	
	Jonathan Le	der				
			Na	ame of	Person	
	Jonathan Le	der, PLLC				
			Fi	irm/Cor	npany	
	888 E Las C	Dlas Blvd, Suite 502				
				Addre	ss	
	Fort Lauder	dale, FL 33301				
	closings@ma	gictitle.com	City/S	tate and	Zip Code	
		E-mail address: (to be u	sed for f	uture a	nual report notificat	ion)
For further	r information co	oncerning this matter, ple	ease call	:		
	Jonathan Led	der at	305 (		514-0622	
	Nam	ne of Person			Daytime Telephon	
Enclosed	is a check for t	he following amount:				
≣\$125.0	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	•	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address			Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BYP Grand Enterpr (Must cor	rises, LLC ntain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
1717 N Bayshore D Miami, FL 33132	Prive, Suite 213		7 N Bayshore Drive, Suite 213 mi, FL 33132
another business entity with an	active Florida registration	n.)	You must designate an individual or
	active Florida registration	n.) agent are:	You must designate an individual or
another business entity with an	active Florida registration t address of the registered  Jonathan Leder, PLL0	agent are:  C Name	You must designate an individual or
another business entity with an	active Florida registration t address of the registered	agent are:  C  Name  Suite 502	
another business entity with an	t address of the registered  Jonathan Leder, PLL  888 E Las Olas Blvd,	agent are:  C  Name  Suite 502	
another business entity with an	t address of the registered  Jonathan Leder, PLL  888 E Las Olas Blvd, Florida street address	agent are:  C Name Suite 502 (P.O. Box NOT ac	cceptable)

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	DT	101	E	IV-
м	КΙ	It J	.r.	1 V -

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

GR" = Manager  AGR  Hussein "Carmine" Zayoun 1717 N Bayshore Drive, Suite 215 Miami, FL 33132  Estatachment if necessary)  F: Effective date, if other than the date of filing:	AMBR" = Authorized Member	
Hussein "Carmine" Zayoun 1717 N Bayshore Drive, Suite 215 Miami, FL 33132  2: Effective date, if other than the date of filing:  (OPTIONAL)  we date is listed, the date must be specific and cannot be more than five business days prior to or 90 date inserted in this block does not meet the applicable statutory filing requirements, this date will no at seffective date on the Department of State's records.  2: Other provisions, if any.  OUIRED SIGNATURE:    Docustioned by:   Journal Lawar   Signature of a member of an authorized representative of a member.   This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.   Jonathan Leder   Typed or printed name of signee   Filing Fees;   125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR" = Manager	er
## Augustion of Prince   17   17   18   18   18   18   18   18	2	11 110 117
Miami, FL 33132  See attachment if necessary)  See attachment if necessary)  See date is listed, the date must be specific and cannot be more than five business days prior to or 90 ling.)  OUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Jonathan Leder  Typed or printed name of signee  Filing Fees:  125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR	1717 N Bayshore Drive Suite 215
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