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To:

Division of Corporations

Fax Number

: (850)617-6381

From;

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone

: (800)342-9856

Fax Number

: (800)354-3381

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. BK AND L LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1 - Name:
---------	-----------

The name of the Limited Liability Company is:

BK AND L LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

23301 BUTTERFLY PALM COURT

BOCA RATON, FL 33433

23301 BUTTERFLY PALM COURT BOCA RATON, FL 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MARK SCHILDKRAUT

Name

600 S OCEAN BLVD, #1605

Plorida street address (P.O. Box NOT acceptable)

BOCA RATON

City

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..

/S/ Mark Schildkraut

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DIONISIA P. HASKOPOULOS 21 80TH STREET BROOKLYN, NY 11209
MGR	MARK SCHILDKRAUT 600 S OCEAN BLD, #1605 BOCA RATON, FL 33433
(Use attachment if necessary)	
the date of filing.)	to date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of	Dionisia P. Haskopoulos a member or an nuthorized representative of a member.
I am aware that any	representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State legree felony as provided for in s.817.155, F.S.
<u>DIONIŞIA :</u>	P_HASKOPOULOS
	Typed or printed name of signee

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)