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SECRETARY OF STATE

COVER LETTER

	BD Made You Look, LI	.C				
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of Organization	and fee(s) are	submitted	for filing.		
Please return	ı all correspondence conc	rming this mat	ter to the f	ollowing:		
	Lance A. Chernow					
-	-		Name of	Person		.
	Davis Development, Inc.					
-			Firm/Co	mpany		
	403 Corporate Center Dri	ve. Suite 201				
_			Addre	288		
;	Stockbridge, Georgia 302	81				
n	negan.lanz@davisdevelop		y/State and	l Zip Code		
-	E-mail address	s: (to be used f	or future a	nnual report notificati	on)	
For further inf	ormation concerning this	matter, please	call;			
,	degan Lanz	77(at (474-4345		
	Name of Person		a Code	Daytime Telephon	e Number	
Enclosed is a	a check for the following a	mount:				
■\$125.00 F	Filing Fee □\$130,00 Certificate	Filing Fee & of Status	Certific	i.00 Filing Fee & ed Copy d copy is enclosed)	Certificate Certified C	Filing Fee. of Status & opy opy is enclosed)
	Mailing Address New Filing Section			Street Address New Filing Section Di	vision	200

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

BD Made You Look.				_	
(Must conta	ain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal c	ffice of the Limited I	Liability Company is:		
Principa	Principal Office Address:		Mailing Address:		
11800 Seaview Drive	2	403 €	Corporate Center Drive, Suite 201		
Vero Beach, Florida	32963	Stock	Stockbridge, Georgia 30281		
another business entity with an a The name and the Florida street a	etive Florida registratio	n.)	ou must designate an individual or		
•	active Florida registration address of the registered Corporation Service	n.) Lagent are:	ou must designate an individual or		
•	active Florida registration address of the registered Corporation Service 1201 Hays Street	n.) Lagent are: Company			
•	active Florida registration address of the registered Corporation Service 1201 Hays Street	nn.) Lagent are: Company Name			
•	address of the registered Corporation Service 1201 Hays Street Florida street addres	nn.) I agent are: Company Name S (P.O. Box NOT acc	ceptable)		

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Blake Miguel Davis
	11800 Scaview Drive
	Vero Beach, Florida 32963
AMBR	Blake Miguel Davis 2015 Trust
AMDR	403 Corporate Center Drive, Suite 201
	Stockbridge, Georgia 30281
AMBR	Stephen Michael Davis
	403 Corporate Center Drive, Suite 201 Stockbridge, Georgia 30281
	Stockbridge, Georgia 30281
AMBR	David A. Deeter
	1230 Peachtree Street, Suite 1500
	Atlanta, Georgia 30309
te of filing.)	est be specific and cannot be more than five business days prior to or 90 days after the est not meet the applicable statutory filing requirements, this date will not be listed a fortunent of State's records.
REQUIRED SIGNATURE:	
This document is I am aware that a	of a member or an authorized representative of a member. S executed in accordance with section 605,0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.
1	(M. 17
Lance A. C	
Lance A. (Chernow, Esq. 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)

COVER LETTER

	New Filing Section Division of Corpo				
oun rec	BD Made Yo	ı Look, LLC			
SUBJEC	1:	Name o	f Limited Liab	ility Company	
The enclo	sed Articles of Or	ganization and fee(s) are submitte	d for filing.	
Please ret	urn all correspond	ence concerning thi	s matter to the	following:	
	Lance A. Cherr	ow			
			Name o	f Person	
	Davis Develops	nent, Inc.			
			Firm/C	ompany	
	403 Corporate (Center Drive, Suite	201		
			Add	ress	
	Stockbridge, Ge	orgia 30281			
	megan.lanz@dav	isdevelopment.com	-	nd Zip Code	···
				annual report notificat	ion)
For further	information conce	rning this matter, p	lease call:		
	Megan Lanz	al	770	474-4345	
	Name o	Person	Area Code	Daytime Telephon	
Enclosed i	s a check for the f	ollowing amount:			
■ \$125.00) Filing Fee [2S130.00 Filing Fe Certificate of Status	Certif	55.00 Filing Fee & led Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A New Filing	-		Street Address New Filing Section Di	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

ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
BD Made You Look.			
(Must contai	n the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	lress of the principal	office of the Lin	nited Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
11800 Seaview Drive			403 Corporate Center Drive, Suite 201
Vero Beach, Florida 3.	2963		Stockbridge, Georgia 30281
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own tive Florida registration	n Registered Age on.)	Agent's Signature: ent. You must designate an individual or
	_	_	
	Corporation Service	Name Name	
	1201 Hays Street		
	Florida street addres	ss (P.O. Box <u>NO</u>	M acceptable)
	Tallahassee	Florida	32301
	City	State	Zip
lace designated in this certificate, I arther agree to comply with the prov	hereby accept the apprisions of all statutes regations of my position	pointment as regi relating to the pro as registered ag	or the above stated limited liability company at the istered agent and agree to act in this capacity. It oper and complete performance of my duties, and gent as provided for in Chapter 605, F.S The way gnature (REQUIRED)
		(CONTINUE	ED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Blake Miguel Davis 11800 Seaview Drive Vero Beach, Florida 32963 AMBR Blake Miguel Davis 2015 Trust 403 Corporate Center Drive, Suite 201 Stockbridge, Georgia 30281 Stephen Michael Davis 403 Corporate Center Drive, Suite 201 <u>AMBR</u> Stockbridge, Georgia 30281 <u>AMBR</u> David A. Deeter 1230 Peachtree Street, Suite 1500 Atlanta, Georgia 30309 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ _____. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED 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.

Lance A. Chernow, Esq.

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)