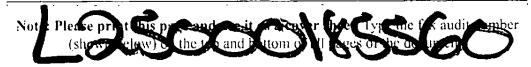
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



(((H250001517613)))



H250001517613ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : 120170000091 Phone : (718)878-5811 Fax Number : (718)732-4580

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. BYRON BHY LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$125.00

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COVER LETTER

	iew Filing Section Nylsion of Corporations	
SUBJECT	BYRON BHY LLC	
SUBJECT		f Lunited Liability Company
The enclos	sed Articles of Organization and feet	s) are submitted for filing.
Please retu	arn all correspondence concerning th	is matter to the following:
	MARK FUCHS	
		Name of Person
	FILE RIGHT LLC	
		Firm/Company
	1425 37TH STREET, SUITE 201	
		Address
	BROOKLYN, NY 11218	
	sales@fileacorp.com	City/State and Zip Code
		used for future annual report notification)
For further i	nformation concerning this matter, p	olease call:
	Esther	718 878-5811
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
S125.00 F	-	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: BYRON BHY LLC (Mast 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: 1634 47TH ST 8500 BYRON AVE MIAMI BEACH, FL 33141 BROOKLYN NY 11204 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 registered agent are:

DANIEL ROKACH		
	Name	
8500 BYRON AVE		
Florida street address	(P.O. Box <u>SOT</u> ac	(ceptable)
MIAMI BEACH	FL.	33141
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/ s / DANIEL ROKACH
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMRR" = A	authorized Member	Name and Address:
"MGR" = Ma	inager	NAMES DOMACII
AMBR		DANIEL ROKACH 1634 47TH ST
		BROOKLYN NY 11204
		
	ent if necessary) e date, if other than the date of t	
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)