L99000006484 Robert Altman Requestor's Name

	North Ave Address Ch FL 3348 Zip Pho			Office Use Only	
CORPORATION 1(Corp.	NAME(S) & DO		TBER(S), (if I	known):	·
2	poration Name)	·	ocument #)		
<u> </u>	ooration Name) Pick up time		ocument #)	fied Copy	9 0
	Will wait	Photocopy AENTS		ficate of Status	SECRETARY CONTROL OF COR
Profit NonProfit Limited Liability		of R.A., Officer/ Dire	ctor	- - -	OF STATE OR ATTONS
Domestication Other	Dissolution/	<u> </u>	-:		
OTHER FILINGS Annual Report Fictitious Name	REGIS QUALI	TRATION/ FICATION	90		95096 -01014005) ****125.00
Name Reservation	Limited Parts Reinstatemen Trademark			= -	· ·
	Other			<u>-</u>	_

CR2E031(1 95)

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABĪLITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Bwf, west-	Advisors 110
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Lia	ability Company is:
713 1/2 worth Ave suite B3	== _
313 1/2 worth are suite B3 palm Beach F1. 33480	
pain 150204 (1. 33480	-
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's	Sig <u>n</u> ature:
The name and the Florida street address of the registered agent are:	ਦ ਵਾ: .
Robert Altmand 313 h worth Ave suite 83.	-
120601 1111111	
213 2 14 de nue sunte B3	<u> </u>
Florida street address (P.O. Rox NOT acceptable)	्र देश
PAM Beach FL 73480	·
Florida street address (P.O. Box <u>NOT</u> acceptable) FL 73 4 8 d City, State, and Zip	
liability company at the place designated in this certificate, I hereby accept the appagent and agree to act in this capacity. I further agree to comply with the provision relating to the proper and complete performance of my duties, and I am familiar w obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature	ns of all statutes with and accept the
Article IV - Management (Check box if applicable.)	
The Limited Liability Company is to be managed by one manager or more	e managers and is,
therefore, a manager - managed company.	
(An additional article must be added if an effective date is requestional subject to the second subject to the	DIVISION SECRE
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of per	
that the facts stated herein are true.)	r'' G ~ ⊞
Robert Altmas	
Typed or printed name of signee	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)