

CT CORPORATION SYSTEM

CORPORATION(S) NAME

M010000001601

BDR Largo Associates, L.L.C.

RECEIVED
01 JUL 24 PM 2:43
DIVISION OF CORPORATION

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|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | <input checked="" type="checkbox"/> Other <i>Acts of Congress</i> |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| | <input type="checkbox"/> Photocopies | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/24/01

N.S.

Order#: 4680718

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*****55.00 *****55.00

Ref#: _____

Amount: \$ _____

*VB
72401*

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
BDR Largo Associates, L.L.C.

SECOND: The ~~articles of organization~~ of the application to transact business (the "Application")

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Paragraph 4 of the Application contains an incorrect date and the
corrected date is as follows:

¶4. The Date of Organization : July 27, 2001

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: July 23, 2001

Stephen D. Rosen
Signature of a member or authorized representative of a member

Stephen D. Rosen

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF
FLORIDA:**

1. The name of the foreign limited liability company is

BDR LARGO ASSOCIATES, L.L.C.

2. The jurisdiction under the law of which foreign limited liability company is organized
~~is Delaware:~~

3. FEI number, if applicable:

4. Date of Organization: June 27, 2001

5. Duration: perpetual

6. Date first transacted business in Florida: upon qualification.

7. Street address of principal office is:


247 W. 87th Street, Suite 8G, New York, NY 10024

8. If limited liability company is a manager-managed company, check here ☒

9. Name and usual business address of each managing member or manager:

Stephen Rosen 247 West 87th Street, Suite 8G, New York, NY 10024

10. The nature of the business or purposes to be conducted or promoted in Florida is
ownership of real estate.


Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), F.S., the executive of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are
true.)

Signed by: Stephen Rosen, Member

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01 JUL 18 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.**

1. The name of the limited liability company is

BDR LARGO ASSOCIATES, L.L.C.

2. The name and address of the registered agent and office are:

**Capital Connection, Inc.
417 E. Virginia Street
Tallahassee, FL 32301**

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 608, F.S..

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TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Stacey Leggett