

L14 000169201

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(Business Entity Name)

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14 OCT 30 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 31 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BCW Enterprises LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carrie Webster  
Name of Person

BCW Enterprises LLC  
Firm/Company

3504 Chief Mate Dr  
Address

Pensacola, Florida 32506  
City/State and Zip Code

Carrie@keynecessities  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Webster at ( 850 ) 723-8873  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Brian Webster

3504 Chief Mate Dr

Pensacola, FL 32506

AMBR

Carrie Webster

3504 Chief Mate Dr

Pensacola, FL 32506

\_\_\_\_\_

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(Use attachment if necessary)

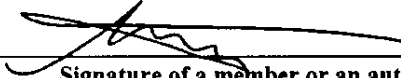
**ARTICLE V:** Effective date, if other than the date of filing: 01 November 2014. (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

NONE

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Brian Webster

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)

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