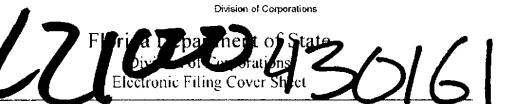
10/1/21, 11:47 AM



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

**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.

BNP Tampa Bay, LLC

Certificate of Status	0
Certified Copy	l
Page Count	03
Estimated Charge	\$155.00

12122023573

From: Kimberly Laughrey

To: +18506176381 .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: BNP Tampa Bay, LLC (Must 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: 1907 W. Azeele Street, Unit 2 1907 W. Azeele Street, Unit 2 Tampa, FL 33606 Tampa, FL 33606 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: CT Corporation System

Florida street address (P.O. Box NOT acceptable)

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.,

1200 South Pine Island Road

Plantation Florida 33324

Cly 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

Stephanie Hencz, assistant secretary

Registered Agent's Signature (NECLEAR)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Nicole Polansky 1907 W. Azeele Street, Unit 2 Tampa, P.L. 33606
AMBR .	Peter JR Polansky 1907 W. Azeele Street, Unit 2 Tampa, FL 33606
(Use attachment if necessary) RTICLE V: Effective date, if other than the d	late of filing:
	specific and cannot be more than five business days prior to or 90 days a
date of filing.)	ot meet the applicable statutory filing requirements, this date will not be list ant of State's records.
e date of filing.) ote: If the date inserted in this block does not e document's effective date on the Departme	or meet the applicable statutory filing requirements, this date will not be lignt of State's records.

Nicole Polansky

Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
30.00 Certified Copy (Optional)
5.00 Certificate of Status (Optional)