

**L22000454211**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : OLIVE JUDD, P.A.  
Account Number : I20200000171  
Phone : (954)334-2250  
Fax Number : (888)503-5258

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: karmada@olivejudd.com

**FLORIDA LIMITED LIABILITY CO.  
BGS RE Partners, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2022 OCT 21 PM 4:43

22 OCT 21 PM 12:35

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BGS RE Partners, 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:

Kristy E. Annada, Esq.

Name of Person

Olive Judd, P.A.

Firm/Company

2426 East Las Olas Blvd.

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

kannada@olivejudd.com

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

For further information concerning this matter, please call:

Kristy Annada

954

334-2250

at ( )

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)

22 OCT 21 PM 12:35

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BGS RE Partners, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1768 Oleander Place  
Jacksonville, FL 32210

1768 Oleander Place  
Jacksonville, FL 32210

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.)

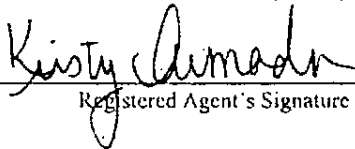
The name and the Florida street address of the registered agent are:

Kristy Armada  
Name

2426 East Las Olas Blvd.  
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale      FL      33301  
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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Laura Briggie  
361 SE 8th St, Pompano Beach, FL 33060

AMBR

Carrie Smith  
1768 Oleander Place, Jacksonville, FL 32210

AMBR

Teresa Grashoff  
44 River Dr., Tequesta, FL 33469

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/21/2022 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:

*Kristy Annada*

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kristy Annada

Typed or printed name of signer

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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FILED  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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