

L23000529661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

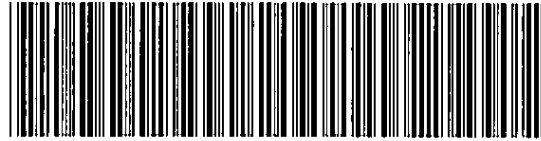
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23-158777

Office Use Only



500418402295

RECEIVED AND FILED

2023 NOV 30 PM 2:09

RECEIVED

2023 NOV 27 PM 11:11

REGISTRATION SERVICE  
NOTARY PUBLIC & CLERK  
STATE OF MISSISSIPPI

DEC 01 2023  
K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2023

FLORIDA CAPITAL COURIER

SUBJECT: BK UNLIMITED LLC  
Ref. Number: W23000158777

We have received your document for BK UNLIMITED LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones  
Regulatory Specialist II

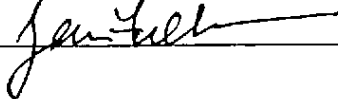
Letter Number: 023A00027164

RECEIVED  
NOV 30 PM 02:29  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$130.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_



BK Unlimited LLC

BUSINESS (Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy of the Merger filed on March 10<sup>th</sup>, 1995

X Certificate of Status

**NEW FILINGS**

- \_\_\_ Profit
- \_\_\_ Not for Profit
- X Limited Liability
- \_\_\_ Domestication
- \_\_\_ Other
- \_\_\_ **CORP**
- \_\_\_ **PLLC**

**AMENDMENTS**

- \_\_\_ Amendment
- \_\_\_ Resignation
- \_\_\_ Change of Registered Agent
- \_\_\_ Dissolution/Withdrawal
- \_\_\_ Merger
- \_\_\_ **Conversion**

**OTHER FILINGS**

- \_\_\_ Annual Report
- \_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

- \_\_\_ Foreign filing
- \_\_\_ Limited Partnership
- \_\_\_ Reinstatement
- \_\_\_ Statement of Authority
- \_\_\_ Other

\_\_\_ APOSTIL ( \_\_\_\_\_ )  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** BK Consulting Unlimited 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|---|---|--|

**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BK Consulting Unlimited 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:

BK Consulting Unlimited LLC  
407 Lincoln Rd, Suite 6H PMB 1619  
Miami Beach, FL 33139

5703 Emerald Brook Lane  
League City TX 77573

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:

Legacy R.A. Group Inc.  
Name

2330 Clare Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32309  
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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 NOV 30 PM 2:09

APPROVED  
AND  
FILED

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Bill Krivak

5703 Emerald Brook Lane

League City, TX 77573

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/30/2023 (OPTIONAL)

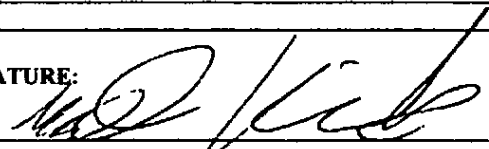
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



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.

Bill Krivak

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)