

W5000000465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

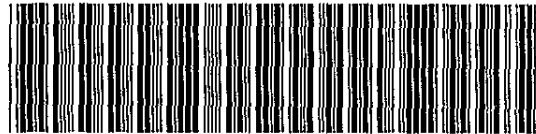
Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

12/27 FL LC

Office Use Only



500043408295

MJH

12/27/04--01036--022 **160.00

FILED

04 DEC 27 PM 5:13

FILED
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B P J 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:

JACK GRANOFSKY

(Name of Person)

(Firm/Company)

8071 VALHALLA DRIVE

(Address)

DELRAY BEACH, FLORIDA 33446

(City/State and Zip Code)

For further information concerning this matter, please call:

JACK GRANOFSKY

(Name of Person)

at (561) 499-2289

(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) |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B P J LLC

ARTICLE II - Address:

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

Principal Office Address:

8071 VALHALLA DRIVE
DELRAY BEACH, FLORIDA 33446

Mailing Address:

8071 VALHALLA DRIVE
DELRAY BEACH, FLORIDA 33446

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

HOLGER STOTZ

Name

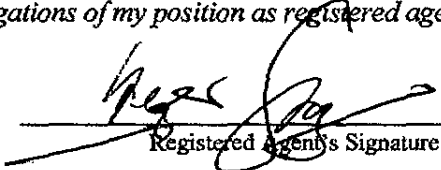
8077 VALHALLA DRIVE

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

DELRAY BEACH FL 33446

City, State, and 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 608, F.S.


Registered Agent's Signature

(CONTINUED)

FILED
04 DEC 27 PM 5:13
TALLAHASSEE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JACK GRANOFKY

8071 VALHALLA DRIVE

DELRAY BEACH, FL 33446

MGRM

HOLGER STOTZ

8077 VALHALLA DRIVE

DELRAY BEACH, FL 33446

MGRM

SAMUEL JAY TRAVIN

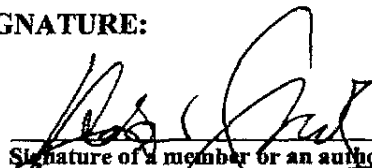
8023 VALHALLA DRIVE

DELRAY BEACH, FL 33446

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HOLGER STOTZ

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)