# 104000020517

(Red	questor's Name)	
(Address)		
(Address)		
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
	, ————————————————————————————————————	
Special Instructions to F		0
315	Pl L	
	•	
<u> </u>		

Office Use Only



400029845384

##125.00 \*\*125.00

Mill

04 MAR -5 PM 1:54

#### TRANSMITTAL LETTER

BAC MARKETING 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:

BRIAN MEADE

(Name of Person)

PREMIER MONTGAGE FUNDING INC.

(Firm/Company)

2400 PGA BLVD, SUITE 4

(Address)

PALM BEACH GARDENS, FL 33410

For further information concerning this matter, please call:

TO:

Registration Section Division of Corporations

BRIAN METADE at (56) 62Z-6602

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section

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&C MARKETING LLC	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2400 PGA BIVD, SUITE 4	
2400 PGA BIVD, SUITE 4 PALM BEACH GARDENS, FL 33410	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	d agent are:
BRIAN MEADE	ASS TAR
Tallio	
2400 PGA BUND 5	41764 P
Florida street address (P.O. Box NC	T acceptable)
	ORIDA 334/D
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. Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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.)

BRIAN MEYDE

Typed or printed name of signee

#### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)