

L04000085737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SEC. OFFICE OF STATE
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_____ After 2:30
Pick Up

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SECRETARY OF STATE
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<u>XXXX</u> Call When Ready	<u> </u> Call if Problem	<u> </u> After 2:30
<u> </u> Walk In	<u> </u> Will Wait	<u> </u> Pick Up
<u> </u> Mail Out		

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- B & M FINANCIAL, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
xxx	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION OF
B&M Financial, LLC

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ARTICLE I - Name

The name of the Limited Liability Company is **B&M Financial, LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is 25247 Bolivar Drive, Punta Gorda, Florida 33983

ARTICLE III - Registered Agent and Registered Office

The name and street address of the registered agent of the Company is **Michael R. McKinley**, 21175 Olean Boulevard, Port Charlotte, Florida 33952.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the member or members and is, therefore, a member-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 23rd day of November, 2004.



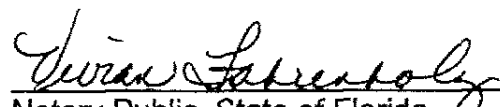
Michael R. McKinley
Authorized Representative of Member

STATE OF FLORIDA)
) ss.
COUNTY OF CHARLOTTE)

The foregoing instrument was sworn to and acknowledged before me this 23rd day of November, 2004, by MICHAEL R. MCKINLEY, ESQ., who is personally known to me or who has produced _____ as identification and who did take an oath.



Vivian M. Fahrenholz
MY COMMISSION # DD286857 EXPIRES
February 2, 2008
BONDED THRU TROY FAIR INSURANCE, INC.



Notary Public, State of Florida
My Commission Expires: 2/28/08

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of **B&M Financial, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 23rd day of November, 2004.



MICHAEL R. MCKINLEY, ESQ.