

L05000069295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

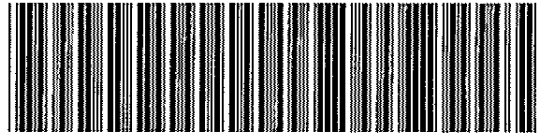
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



100055559731

07/14/05--01943--016 \*\*125.00

RECEIVED

05 JUL 14 AM 11:27

FLORIDA  
DIVISION OF  
CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

05 JUL 14 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BGW Enterprises, LLC

**FILED**  
05 JUL 14 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name SP Date 7/14/05 Time 10:01

Walk-In Will Pick Up

FILED  
05 JUL 14 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BGW ENTERPRISES, 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:**

17 LAKE MEADOW WAY  
ORMOND BEACH, FL 32174

17 LAKE MEADOW WAY  
ORMOND BEACH, FL 32174

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

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

ROBERT H. SCOTT, JR.

Name


338 PARQUE DR., STE G

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

ORMOND BEACH, FL 32174

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)

**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:**

MGRM

BENJAMIN WITHERSPOON

17 LAKE MEADOW WAY

ORMOND BEACH, FL 32174

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

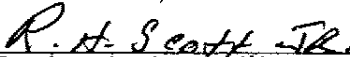
(Use attachment if necessary)

**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.)

  
\_\_\_\_\_  
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)**

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BGW ENTERPRISES, 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:

BENJAMIN WITHERSPOON  
(Name of Person)

BGW ENTERPRISES, LLC.  
(Firm/Company)

17 LAKE MEADOW WAY  
(Address)

ORMOND BEACH, FL 32174  
(City/State and Zip Code)

For further information concerning this matter, please call:

DENISE UPHAM at ( 386 ) 672-9563  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

Attached are the forms and instructions to form a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes. All information included in the Articles of Organization must be in English and must be typewritten or printed legibly. If this requirement is not met, the document will be returned for correction(s). The Division of Corporations suggests using the sample articles merely as a guideline. Pursuant to s. 608.407, Florida Statutes, additional information may be contained in the Articles of Organization.

Pursuant to section 608.406(2), the name of the limited liability company shall be filed with the Department of State for public notice only and shall not alone create any presumption of ownership beyond that which is created under the common law. The Department of State shall record the name without regard to any other name recorded.

**NOTE:** This form for filing Articles of Organization is basic. Each limited liability company is a separate entity and as such has specific goals, needs, and requirements. Additionally, the tax consequences arising from the structure of a limited liability company can be significant. The Division of Corporations recommends that all documents be reviewed by your legal counsel. The Division is a filing agency and as such does not render any legal, accounting, or tax advice. The professional advice of your legal counsel to ascertain exact compliance with all statutory requirements is strongly recommended.

Pursuant to s. 608.407, Florida Statutes, the Articles of Organization must set forth the following:

**ARTICLE I:**

The name of the limited liability company, which **must** end with the words "limited liability company" or "limited company" or their abbreviation "L.L.C.", "L.C.", "LLC" or "LC". (The word "limited" may be abbreviated as "Ltd." and the word "company" may be abbreviated as "Co".)

**ARTICLE II:**

The mailing address and the street address of the principal office of the limited liability company.

**ARTICLE III:**

The name and Florida street address of the limited liability company's registered agent. The registered agent must sign and state that he/she is familiar with and accepts the obligations of the position.

**ARTICLE IV:** The name and address of each Manager or Managing member. Insert "MGR" for each Manager. Insert "MGRM" for each Managing Member. **IMPORTANT: Most financial institutions require this information to be recorded with the Florida Department of State.**

Articles of Organization must be executed by at least one member or authorized representative of a member, and the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

**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.**

**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)**

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fees and any optional certificate or copy.

A cover letter containing your name, address and daytime telephone number should be submitted along with the articles of organization and the check. The mailing address and courier address are:

**Mailing Address**

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

**Street Address**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399  
(850) 245-6051

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.