# 105000081610

(Requestor's Name)	
(Requesions Name)	_
(Address)	
(Address)	<del>-</del>
(City/State/Zip/Phone #)	<del>_</del>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	7
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Office Use Only	羟



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## . TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT:	BM Consulting, LLC			
	(Name of Limited	l Liability Company)		
	Organization and fee(s) are so			
Please return all corresp	ondence concerning this matte	r to the following:		
	Brian Scott Medvec			
<del>,</del>	(1)	Name of Person)		
	BM Consulting, LLC		<del></del>	
	Q.	Firm/Company)	SEORE ALLAE	
322	2 East Central Blvd Unit 1	107		
		(Address)		
			CF ST/	
	Orlando, FL 32801		AND I	
		State and Zip Code)	<u></u>	
For further information	concerning this matter, please	call:		
Brian Scott Medvec		at ( 407 ) 701-7052		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or 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)	
STRE	ET ADDRESS:	MAILING A	DDRESS:	
Registration Section		Registration Section		
Division of Corporations 409 E. Gaines Street		Division of Corporations P.O. Box 6327		
Tallahassee, Florida 32399		Tallahassee, Florida 32314		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ed Liability Company is:		
The name of the Limite	ed Liaomity Company is.		
BM Consulti	ng, LLC	<del></del>	
ARTICLE II - Address The mailing address and		ncipal office of the Limited Liability C	Company is:
Principal Office Addr	ess:	Mailing Address:	
322 East Central Blvd Orlando, FL 32801	- Unit 1107	322 East Central Blvd Unit 1107 Orlando, FL 32801	<del>-</del>
_		Office, & Registered Agent's Signati	OS AUG 17
The name and the Flori	da street address of the re	gistered agent are:	温二工
Br	ian Scott Medvec		
	Name	FLO	AM 10: 24 Of State
32:	2 East Central Blvd Unit	#1107 <u> </u>	); 2
<del></del>	Florida street addr	ress (P.O. Box NOT acceptable)	. <u>F</u> -
Or	rlando	FL 32801	
	City, State, ar	nd 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)

(Use attachment if necessary)

Title:

MGR

"MGR" = Manager

"MGRM" = Managing Member

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

# REQUIRED SIGNATURE:

Buan Media

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

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

Name and Address:

Brian Scott Medvec

322 East Central Blvd. -- Unit 1107 Orlando, FL 32801

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 Scott Medvec

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)

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