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(Requestor's	s Name)
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Special Instructions to Filing Off	ricer:
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COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	ECT: BVM F	Properties, LLC	d Liability Company)		-
		(
The end	closed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	Robert J	Swanda Sr.			
			Name of Person)		
		(Firm/Company)		
	5407 Ave	enal Drive			
			(Address)		
	Lutz, Flo	rida 33558-282	4		
•			/State and Zip Code)		
For fur	ther information	concerning this matter, please	call:		ECRETA LLAHAS
Robe	ert J. Swai	nda Sr.	at (813) 301-10	25	SH SH
	(Name	of Person)	(Area Code & Daytime To		- FISI
Enclos	sed is a check fo	or the following amount:			RAF
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of Star Certified Copy (additional copy is en	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

06 AUG 25 AM 10: 55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
BVM Properties, LLC	·		
Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	incinal office of the Limited Liability Company	ı is:	
Principal Office Address:	Mailing Address:	.5.	
BVM Properties, LLC	BVM Properties, LLC		
5407 Avenal Drive	5407 Avenal Drive		
utz, FL 33558-2824	Lutz, FL 33558-2824	_	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:	06 AUG 25	
The name and the Florida street address of the re	egistered agent are: FIORDATE PROPERTY OF THE PROPERTY OF T	AH 10: 55	5
Robert J. Swanda Sr.	Alli	9	
Name		55	
5407 Avenal Drive			
Florida street add	ress (P.O. Box NOT acceptable)		
Lutz, FL 33558-2824	FL 33558-2824		

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..

City, State, and Zip

(CONTINUED) Page 1 of 2

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		
MGR	Therese I Owenda	
MGK	Theresa L. Swanda	
	5407 Avenal Drive	
	Lutz, FL 33558-2824	
MGRM	Robert J. Swanda Sr.	
	5407 Avenal Drive	
	Lutz, FL 33558-2824	
·		
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(Use attachment if necessary)		iti `
		<u>.</u> ₽
CLE V: Effective date, if other than the		OPTIONAL) 5
effective date is listed, the date must	be specific and cannot be more tha	n five business of the prior
00 days after the date of filing.)		⊅. α

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.)

Robert J. Swanda Sr.

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)