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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

TO:	Registration Section Division of Corporations	
SUBJE	T: BMEnterprises LLC (Name of Limited Liability Company)	
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
,	Manfred Dauy (Name of Person)	
	(Marie of A State)	
	(Firm/Company)	
	3706 SW Frol Avenue (Address) Cape Coval, FL 33914 (City/State and Zip Code)	
	(Address)	
	Cape Conal, FL 33914 Ex	
	(City/State and Zip Code) ACT EB ACT	
For fur	er information concerning this matter, please call:	
_/	I duffect Dayu at 239 849-1647 55 (Area Code & Daytime Telephone Number)	.0
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclos	d is a check for the following amount:	
\$125	Of Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \\$160.00 \Bigcup \	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
BM Su	ler onises

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

rincipal Office Address:	<u>vialing Augress:</u>
3706 SW3nd Ave	3706 SW3rd lue
Cape Coral, FL 33914	Cape Coral, 1233914
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature: pistered Agent. You must designate an individual or another than the second se
The name and the Florida street address of the Man Red	registered agent are:
3706 SW 3	od Ave FISTANT 55
Florida street a	ddress (P.O. Box NOT acceptable)
Cape Coval	FL 33914
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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ARTICLE IV	V- Manager(s)	or Managing	Member(s):
	7 - 1116HIREDI ID	/ AT TATMETER TITE	TATCHER OF FRISH

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Man fred A Daum 3706 sw 32d fue Cape Coral, FL 33914
MGRM	Bryon Claiborne 43/12 8. Hlautie Civole N. Fort Myers, FL 33903
	O7 FEB 22 SECRETARY TAILLAHASSI
	AH IO: 56 FLORIDA
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date of filing: (OPTIONAL) f an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.)	
required signature:	
Signature of a member or an authorized representative of a member.	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Contilled Conv. (Ontional)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(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