

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

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ORIDA/FOREIGN LIMITED LIABILITY C

BCBK INVESTMENT GROUP, LLC

Certificate of Status Certified Copy 1 Page Count 03 **Estimated Charge** \$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:

BCBK INVESTMENT GROUP, LLC

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

ARTICLE 11 - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
EVA ONDE WH 28FE	SAME
130RAL FL 33166	
ARTICLE III - Registered Agent, Re- (The Limited Liability Company counct serve as its o business outly with an active Florida registration.)	gistered Office, & Registered Agent's Signsture: www.Registered.Agent. You must designate an individual or another
The name and the Florida street address	afith a service and amount area

Name

Name

Name

S785NW BAND AVE SUITE JOS

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

OORAL

PL 33166

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 complike 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 Sugaritar (EQUIRED)

(CONTINUED)
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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ROSERT C. BARANY ROSERT
MGRM	HANS J. BARANY 3785 HW ERNI AVE BOTTE 209 DOLAL, EL BOIGE
	SECRETARY IMLAHASSE
• •	
(Use attachment if nocessary)	OF STA
(Use attachment if nocessary) CLE V: Effective date, if other than the effective date is listed, the date must 100 days after the date of filing.)	OF STA
(Use attachment if nocessary) CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior
(Use attachment if nocessary) CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a meaning of the date of the	be specific and cannot be more than five business days prior be specific and cannot be more than five business days prior control of the specific and cannot be more than five business days prior section 608.408(3), Florida Statutes, the execution satisfacts an affirmation under the penalties of perjury

Flling Peer:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.00 Cortified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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