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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress) ¯	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consist Instructions to	Filing Officers	
Special Instructions to	Filing Officer.	
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B. KOHR SEP 1 0 2008

**EXAMINER** 



### **LAZARUS**

#### CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305)	552-5973	EP 10 PR
CORPORATION NAME(S) & DOG	CUMENT NUMBER(S),	Office Use Only
B, M. C. (Corporation Name)	SROUP (Document #)	C. C. 3
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
	2.00 · Photocopy	Certified Copy  Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other		f R.A., Officer/Director gistered Agent /ithdrawal
OTHER FILINGS	REGISTRATION	N/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partn Reinstatemen Trademark Other	-
,		Examiner's Initials

CR2E031(7/97

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: B.M.C. GROUP. L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "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:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

FAUS to Rodeique Z

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

Corral Co45/ES FL 33/34

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)

## 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 (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_ (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.) 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)