

L09000006581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600139980876

Effective Date 01/01/09

01/08/09--01019--016 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC - 8 AM 8:36

W09-1031
JAN - 9 2009
BRYAN

J. BRYAN
JAN 2 2 2009
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BPI Services LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy J Blackwelder

(Name of Person)

BPI Services LLC

(Firm/Company)

2525 N Woodland Blvd

(Address)

DeLand, FL 32720

(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy J Blackwelder

(Name of Person)

at (386) 738-5580

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC - 8 AM 8:36



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC - 8 AM 8:36

January 9, 2009

TAMMY J BLACKWELDER
2525 N WOODLAND BLVD
DELAND, FL 32720

SUBJECT: BPI SERVICES LLC
Ref. Number: W09000001031

We have received your document for BPI SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 8, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 909A00000800

*Corrected the effective date as per
your verbal authorization via telephone.*

Thank you
J. Blackwelder

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC - 8 AM 8:46

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BPI Services LLC

(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:

2525 N Woodland Blvd
DeLand, FL 32720

Mailing Address:

Same

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.)

Effective Date 01/01/09

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

Tammy J Blackwelder

Name

2525 N Woodland Blvd

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

DeLand, FL 32720

FL

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..

Tammy J Blackwelder

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Tammy J Blackwelder

2525 N Woodland Blvd

DeLand, FL 32720

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
08 DEC -8 AM 8:36

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2009 (OPTIONAL)
(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:

Tammy J Blackwelder
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.)

Tammy J Blackwelder

Typed or printed name of signer

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)