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SECRETARY OF STATE

D. BRUCE

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EXAMINER



COVER LETTER

TO: Registration Section **Division of Corporations** BK INTERIORS LLC SUBJECT: (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: Janice Patten (Name of Person) c/o Oxbow Corporation (Firm/Company) 1601 Forum Place, Suite 1202, West Palm Beach, FL (Address) West Palm Beach, FL 33401 (City/State and Zip Code) For further information concerning this matter, please call: Janice Patten (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ☐ \$160.00 Filing Fee, \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	Limited Liability Compan	ny is:	
	BK INTER	RIORS LLC	
(M	lust end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of	the principal office of the Limited Liab	oility Company is:
Principal Office	Address:	Mailing Address:	
1601 Forum P1	ace	1601 Forum Place	·
3rd Floor		3rd Floor	
West Palm Bea	ch, FL 33401	West Palm Beach, FL 3340	01
business entity with an	active Florida registration.)	Registered Agent. You must designate an individu the registered agent are:	MAY -6 CRETARY LAHASSE
		Name	PH RST OF STU
	1601 Forum Place	, Suite 1400	2: IL
	Florida stre	eet address (P.O. Box NOT acceptable)	Ď., ,
	West Palm Beach	FL 33401	
	City, S	State, and Zip	
liability compa registered agent a	iny at the place designate ind agree to act in this ca	nd to accept service of process for the al ed in this certificate, I hereby accept the pacity. I further agree to comply with to ete performance of my duties, and I am	appointment as he provisions of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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" = Mana "MGRM" = Ma	nger Inaging Member				
MGR		Bridget Koch			
		c/o 1601 Forum Place, 3rd Flo	or		
		West Palm Beach, FL 33401			
					
					
(Use attachmen	t if necessary)				
•	• •				
CLE V: Effective	e date, if other than the	date of filing: (C	OPTION	IAL)	
onecuve date is not also be a second of the control		e specific and cannot be more than five bus	amess ui	ras bi	TOT
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REQUIRED S					
	\mathcal{B}	Koch	SEC	09 MAY	
	Signature of a member	r or an authorized representative of a member.	AHE	A	$\overline{\Pi}$
	(In accordance with sec of this document consti that the facts stated h	etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)	ETARY OF ST HASSEE, FLO	-6 PH12:	m
	Bridget Ko	ch	0]. IIS	$\ddot{\Sigma}$	D
		ped or printed name of signee	RATE	£	
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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)