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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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TO MAY 17 PM 12: 23 SEURELARY OF STATE

N. Compan MAY 18 2010

COVER LETTER

| TO: | Registration : Division of C | | | |
|----------|---------------------------------|--|--|--|
| | | | | |
| SUBJE | CCT: BCK Er | nterprise, LLC | | |
| | | Name of Limit | ted Liability Company | |
| TL | | - 6 Character at 1 Carlot and 1 | and a few files | |
| i ne end | ciosea Anicies (| of Organization and fee(s) are | submitted for filing. | |
| Please | return all corres | pondence concerning this mat | ter to the following: | |
| | Kendra V Lov | we | | |
| • | | | Name of Person | |
| | DOI/ 5-4 | ina 11.0 | | |
| | BCK Enterpri | ise, LLC | Firm/Company | |
| | | | 7 min Company | |
| _ | 1715 Bonita B | Bluff Ct | | |
| | | | Address | |
| | Ruskin, FL 3 | 3570 | | |
| - | raskii, i E O | | ty/State and Zip Code | |
| | Kendravic@y | rahoo.com | , | |
| = | <u> </u> | | for future annual report notification) | |
| For furt | her information | concerning this matter, pleas | e call: | |
| Kandr | a V Lowe | | at (813) 938-5397 | |
| Kenui | | of Person | _ at (<u>813</u>) <u>938-5397</u> Area Code & Daytime Telep | hone Number |
| | | | | |
| Enclose | ed is a check for | or the following amount: | | |
| □\$125.6 | 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 Ci Tallahassee, FL 32301 | ircle |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2010

KENDRA V. LOWE 1715 BONITA BLUFF CT RUSKIN, FL 33570

SUBJECT: BCK ENTERPRISE, LLC

Ref. Number: W10000024283

We have received your document for BCK ENTERPRISE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 910A00012602

COVER LETTER

| TO: | Registration S Division of Co | | | |
|-----------------|----------------------------------|---|---|--|
| SUBJE | c _{CT:} Brevkar | n Ventures, LLC | | |
| | | Name of Limit | ed Liability Company | |
| The en | closed Articles o | of Organization and fee(s) are | submitted for filing. | |
| Please | return all corresp | ondence concerning this mat | ter to the following: | |
| | | | | |
| | Kendra V Lov | ve | Name of Person | |
| | | | radic of reison | |
| | Brevkam Ven | tures, LLC | | |
| | | | Firm/Company | |
| | 1715 Bonita E | Oluff Ct | | |
| | 17 13 BONILA E | Siuli Ct | Address | |
| | | | | |
| | Ruskin, FL 3 | | | |
| | | | y/State and Zip Code | |
| _ | Kendravic@y | | for future annual report notification) | |
| | | | <u>-</u> | |
| For fur | ther information | concerning this matter, please | e call: | |
| Kendi | ra V Lowe | | at (813) 938-5397 | |
| TCHUI | | of Person | Area Code & Daytime Teleph | none Number |
| | | | | |
| Enclos | sed is a check for | or the following amount: | | |
| □ \$125. | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certified Copy | \$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 Cir Tallahassee, FL 32301 | rcle |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2010

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If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 910A00012602

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nam | ie: | | |
|--|---|--|--|
| The name of the Lin | mited Liability C | ompany is: | |
| Brevkam Ventur | es, LLC | | |
| (Mus | st end with the words ' | 'Limited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Add | dress: | | |
| The mailing address | s and street addre | ess of the principal office of the Limited Lia | bility Company is: |
| Principal Office A | ddress: | Mailing Address: | |
| 1715 Bonita Bluff Ct | | 1017 Crystal Carbon Way | |
| Ruskin, FL 33570 | | Valrico, FL 33594 | |
| (The Limited Liability Conbusiness entity with an ac | mpany cannot serve as ctive Florida registration | | lual or another |
| The name and the F | lorida street addi | ress of the registered agent are: | ES B |
| | Kendra V Lowe | <u> </u> | 三 二 四 |
| | | Name | FILLED 117 PM 1ARY OF 1ASSEEJ |
| | 1715 Bonita Blu | uff Ct | |
| | Flor | rida street address (P.O. Box <u>NOT</u> acceptable) | FILLED D MAY 17 PM 12: 23 SECRETARY OF STATE ALLAMASSEE, FLORID |
| | Ruskin | _{FL} 33570 | DA CO |
| | | City, State, and Zip | जन् र • |
| | _ | | |

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

| <u>Title:</u> | Name and Address: |
|--|---|
| "MGR" = Manager | |
| "MGRM" = Managing Memb | er |
| MGR | George Williams |
| | 1017 Crystal Carbon Way |
| | Valrico, FL 33594 |
| | |
| | |
| | |
| | |
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| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other t fective date is listed, the date | |
| LE V: Effective date, if other t fective date is listed, the date days after the date of filing.) | |
| fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: | must be specific and cannot be more than five business d |
| LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a contact of the date of the | must be specific and cannot be more than five business d member or an authorized representative of a member of a |
| LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of the date of this document of this document. | must be specific and cannot be more than five business d |
| LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a contact of this document of this document. | must be specific and cannot be more than five business d member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.) |
| LE V: Effective date, if other to fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of this document of this document that the facts signature. | must be specific and cannot be more than five business demonstrative of a member of an authorized representative of a member of a member of an authorized statutes, the execution constitutes an affirmation under the penalties of perjury stated herein are true.) |

ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)