

L10000074612

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

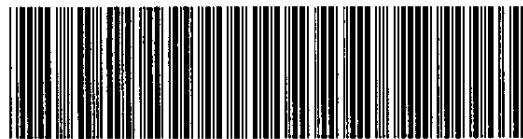
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. CLINE

JUL 15 2010

EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

24th JUL 14 PM 1:45

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2010

MARK MAXIMOVICH  
84 11TH STREET  
AMBRIDGE, PA 15003

SUBJECT: BC&M VENTURES, LLC  
Ref. Number: W10000025493

We have received your document for BC&M VENTURES, LLC and your check(s) totaling \$125.00. 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](http://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.

The document number of the name conflict is L04000048596.

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6020.

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TALLAHASSEE, FLORIDA

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Tammi Cline  
Regulatory Specialist II

Letter Number: 610A00013213

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TALLAHASSEE, FLORIDA

**MICHAEL W. NALLI, PC**  
ATTORNEY AND COUNSELOR AT LAW

150 PLEASANT DRIVE, SUITE 101  
ALBUQUERQUE, NEW MEXICO 87101

PHONE: 724-375-4005  
FAX: 724-375-9283

WRITER'S E-MAIL: mnalli@nallilaw.com

July 14, 2010

Via UPS

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

**Re: Barth, Creese, and Max Ventures, LLC**


Dear Sir or Madam:

Enclosed please find the following materials:

- 1.) Revised Articles of Organization for Florida Limited Liability Company; and
- 2.) Copies of letters rejecting the initial filing of same under a different name

Kindly process the enclosed documents. Should you have any questions or need any additional information to properly file this document, please do not hesitate to call or email me.

Respectfully yours,

MICHAEL W. NALLI, P.C.  
  
By: \_\_\_\_\_  
Michael W. Nalli, Esq.

Enc.

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Barth, Creese and Max Ventures, 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:

Mr. Mark Maximovich

Name of Person

Precision Laser & Instrument, Inc.

Firm/Company

85 11th Street

Address

Ambridge, PA 15003

City/State and Zip Code

max@laserinst.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Maximovich

Name of Person

at ( 412 ) 722-3626

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

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Barth, Creese and Max Ventures, 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:

85 11<sup>th</sup> Street  
Ambridge, PA 15003

#### Mailing Address:

85 11<sup>th</sup> St.  
Ambridge, PA 15003

### 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:

Rodney Creese  
Name

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

Palm Coast FL 32137  
City, State, and Zip

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*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)

**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

Mr. Robert Barth

85 11th Street

Ambridge, PA 15003

MGRM

Mr. Rodney Creese

85 11th Street

Ambridge, PA 15003

MGRM

Mr. Mark Maximovich

85 11th Street

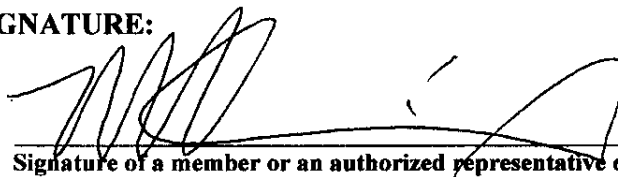
Ambridge, PA 15003

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (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:**



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.)

Mark A. Maximovich

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**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)**