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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #	r)
PICK-UP WAIT	MAIL
(Business Entity Name)
(Document Number)	
Certified Copies Certificates of	f Status
Special Instructions to Filing Officer:	
	į

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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

J. BRYAN

APR 15 2011

EXAMINER

COVER LETTER

TO: Registration Division of C			
_{SUBJECT:} BMW	Connections, LLC		
	Name of Limite	d Liability Company	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
William I	20068		
vviiiaii i		Name of Person	
DMW O	tions IIO		Flor -
BIMINA CO	onnections, LLC	F' (C	- FE = T
		Firm/Company	超光二
21415 H	unter Hill Drive		SSS
 		Address	Fig. 2
			FLORE
Dade City	, Florida 33523		<u> </u>
 .	-	/State and Zip Code	*
bill@hanco	ockseed.com	or future annual report notification)	' i .
	`	•	
For further information	concerning this matter, please	call:	
William Roose		a., 813 \ 505-1289	
	e of Person	at () Area Code & Daytime Telepho	one Number
Enclosed is a check f	for the following amount:		
\$125.00 Filing Fee [√ \$130.00 Filing Fee &	\$155.00 Filing Fee & 3	\$160.00 Filing Fee,
	Certificate of Status	* *	Certificate of Status &
			Certified Copy additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circ	cle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
BMW Connections, LLC	
	ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
21415 Hunter Hill Drive Dade City, FL 33523	21415 Hunter Hill Drive Dade City, FL 33523
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of t	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are: Roose
	ame
21415 Hun	ter Hill Drive
Florida stree	t address (P.O. Box NOT acceptable)
Dade City,	_{FL} 33523
O'r	y, State, and Zip
City	, bato, and zip

(CONTINUED)

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:	SECRETARY OF STA
"MGR" = Manager		PR 7
"MGRM" = Managing Member		77
Managing Member	William Roose	56.7
	21415 Hunter Hill Drive	
	Dade City, FL 33523	97
Member	William Bingham	Į.
	38070 Daughtery Road	
	Zephyrhills, FL 33540	
Member	Matt Daddy, Inc.	
	512 York Dale Drive	
	Ruskin, FL 33570	· ·
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must be		
days after the date of filing.)	- special and cannot se more want.	
REQUIRED SIGNATURE:		
Signature of a member	- J. Pos. Or r or an authorized representative of a me	ember.
(In accordance with section 608 constitutes an affirmation unde	.408(3), Florida Statutes, the execution of the	

William Roose

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)