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(Request	or's Name)	
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PICK-UP	WAIT MAIL	
(Business	s Entity Name)	
	-	
(Docume	nt Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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EFFECTIVE DATE 01-01-12

11 DEC 12 PH 1:22

B. BOSTICK
DEC 1 3 2011
EXAMINER

COVER LETTER

10: Registration of	on Section Corporations		
SUBJECT:	BMS Cons	ULTING LLC	• —
	Name of Limited I	Liability Company	
The enclosed Article	s of Organization and fee(s) are sub-	mitted for filing.	
Please return all corr	espondence concerning this matter to	o the following:	
	BRUCE SCHI	URAM	
		ine of Person	
	Fir	m/Company	
	13910 Blanks	im Thai PA	
	13910 Blenhe	Address	
#1	· Myers FL	33908	
	City/Sta	ate and Zip Code	
	E-mail address; (to be used for fu	SCHULBAUM	.com
For further information	on concerning this matter, please cal		24 -
	Schulbaum at		3500% =
Nan	ne of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount:		
	\$130.00 Filing Fee &	\$155.00 Filing Fee & [\$160.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	·
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BMS CONSULTING 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 Principal Office Address: 3910 Blenheim Trailrd Same	ARTICLE I - Name:		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: 3910 Blenheim TRAILRD Same	The name of the Limited Liability Company is:	:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: 3910 Blenheim TRAILRD Same	BMS CONSULTI	NG LLC	
The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: 3910 Blenheim Trailed Same	(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
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: CATHERING SCHUBAUM Name 13910 Blenheim Tail Rd Florida street address (P.O. Box NOT acceptable) Fibrida street address (P.O. Box NOT acceptable) Fibrida Street address (P.O. Box NOT acceptable) City, State, and Zip		orincipal office of the Limited Liability Co	ompany is:
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: CATHERINE SCHUBAUM Name 13910 Blenheim Tail Rd Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) City, State, and Zip	Principal Office Address:	Mailing Address:	
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: CATHERINE SCHUBAUM Name 13910 Blenheim Tail Rd Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) City, State, and Zip	13910 BlenHEIM TRAILED	Same.	
(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: CATHERINE SCHUUSAUM Name 13910 Blenheim Tail Rd Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) City, State, and Zip	Tringer PL 33.104		
CATHERINE SCHUUBAUM Name 13910 Blenheim Tail Rd Florida street address (P.O. Box NOT acceptable) Fr Myers FL 33908 City, State, and Zip	(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	stered Agent. You must designate an individual or anot	re: .her
Florida street address (P.O. Box NOT acceptable)	•	<u></u> -\(\frac{\cup_{-}}{2}\)	
Florida street address (P.O. Box NOT acceptable)	CATHERIN	IC SCHUBAUM DE	日 *
			479
	13910 Blenhe	eim Tail Rd	- (S
		dress (P.O. Box NOT acceptable)	III man
	th Myers	FL 33908 SS	: 2
Having home regard as an interest to the state of the sta	City, Sta	rate, and Zip	10
Having been named as registered agent and to accept service of process for the above stated limite 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 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	liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	this certificate. I hereby accept the appoint ty. I further agree to comply with the provi erformance of my duties, and I am familiar	ment as isions of all with and

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	BRUCE SCHUBAMM 13910 Blenheimtrail RD Ft Myers FL 33908
	SELWED 2 TO SEE
(Use attachment if necessary)	Filon 22
	te of filing: 1-1-2012 (OPTIONAL) pecific and cannot be more than five business days prior

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

BRUCE SCHULD AVM
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)