

L12000094407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100236777261

07/23/12--01001--005 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUL 20 AM 8:56

APPROVED
AND
FILED

RECEIVED
DEPARTMENT OF STATE
12 JUL 20 PM 2:00

D. BRUCE
JUL 23 2012
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 07/20/12

REF. #: 002226.169965

CORP. NAME: BPM BEACHWEAR LLC

12 JUL 20 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FL 32301

APPROVED
AND
FILED

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 100154 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
BPM BEACHWEAR LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: BPM Beachwear LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Paulo Miranda
1001 Brickell Bay Dr. suite 2406
Miami, FL 33131

ARTICLE III - Registered Agent and Registered Office:

The name and the Florida street address of the registered agent are:

NRAI Services Inc.
515 East Park Avenue
Tallahassee, FL 32301

12 JUL 20 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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.

NRAI Services, Inc. Registered Agent

By: Patricia Tadlock
Name: Patricia Tadlock
Title: Assistant Secretary

ARTICLE IV – Management



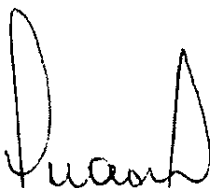
The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager-managed company.

ARTICLE V – Manager(s) or Managing Member(s)

The name and address of each Manager:

MGR

Beatriz Pesquera
2000 S Bayshore Dr. Unit 33
Miami, FL 33133



Paulo Miranda, Organizer

(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.)

Paulo Miranda

Typed or printed name of signer

12 JUL 20 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Limited Liability Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

This certificate is executed and dated as of this 20th day of July, 2012.


Name: Patricia Tadlock
Title: Assistant Secretary

APPROVED
AND
FILED

12 JUL 20 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA