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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	= #)
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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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2013 FEB 12 PH 1: 22 SECRETARY OF STATE

FEB 1 3 2013 J. BRYAN (850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations

BCORP HOLDINGS, 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:

A. J. BARCENAS

Name of Person

Firm/Company

4001 SANTA BARBARA BLDV. #248

Address

NAPLES, FL 34104

City/State and Zip Code

baporated@yahoo.com

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

For further information concerning this matter, please call:

A. J. BARCENAS

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			7.0
The name of the Limite	ed Liability Company is:		MISFEB 12 PH 1: 22
BOORE HOLDINGS I.L.O.			調や「
BCORP HOLDINGS, LLC	d with the woods "I imited I ishill	ity Company, "L.L.C.," or "LLC.")	
(Must en	a with the words. Dimited Disort	tty Company, L.L.C., or LLC.	
ARTICLE II - Addre	99:		5
		incipal office of the Limited Li	ability Company is:
Principal Office Addı	<u>ress:</u>	Mailing Address:	
4001 SANTA BARBARA BL'	VD. #248	4001 SANTA BARBARA BLVD. #24	8
NAPLES, FL 34104		NAPLES, FL 34104	
	da street address of the r	egistered agent are:	
	Name	· · · · · · · · · · · · · · · · · · ·	
. 400	1 SANTA BARBARA BLVD. #2	48	
	Florida street add	ress (P.O. Box NOT acceptable)	
. NA	PLES FL, 34104	FL	
	City, Sta	ite, and Zip	
liability company at registered agent and a all statutes relating t	t the place designated in to agree to act in this capact to the proper and complete	accept service of process for the his certificate, I hereby accept ti ity. I further agree to comply w e performance of my duties, and gistered agent as provided for in	he appointment as ith the provisions of l I am familiar with
	0.1.la		
	Registered Agent's Signatu	ure (REOUIRED)	

(CONTINUED)

Page 1 of 2

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:	_
"MGR" = Manager		TS: 79.
"MGRM" = Managing Member		FEG. 3FF
MGR	ART J. BARCENAS	至一
	4001 SANTA BARBARA BLVD. #248	5/5 N
	NAPLES, FL 34104	P 2
MGRM	PAOLA J. BARCENAS	2013 FEB 12 PH 1:23
	4001 SANTA BARBARA BLVD. #248	
	NAPLES, FL 34104	
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(Use attachment if necessary)		
ON TO SEE TO CONTRACT AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION	data of Clina.	(OPTIONIAL)
	e date of filing:	
to or 90 days after the date of filing.)	t be specific and cannot be more than	n nve business day
o or yo days area the date or ming.		
REQUIRED SIGNATURE:		
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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.)

ART J. BARCENAS

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)