L15000 100170

(Re	equestor's Name)	
——————————————————————————————————————	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETAKY OF STATE ALLAHASSEE, FLORIDA

RECEIVED

15 JUN -8 PH 3: 04

FILED

15 JUN -8 PM 12: 35

MURLIAND FRANK

J. HARRIS

COVER LETTER

	Registration Section Division of Corporations	
SUBJECT		red Liability Company
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.
Please retu	urn all correspondence concerning this mat	ter to the following:
	Berna.	Name of Person
		Name of Person
	BBC 0	Firm/Company
		rimicompany
	716 SE	Address
		Address
	Cape	CORAL FL 33990 V/State and Zip Code
	E-mail address: (to be used to	Jutions @ att. Net or future annual report notification)
For further	r information concerning this matter, please	
Bern	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
⊒\$ 125.00 F	Filing Fee \$130.00 Filing Fee & Castificate of Status See autached engy 3 check already and	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & 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 Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2015

BERNARD CONVERSE 716 SE 9TH PLACE CAPE CORAL, FL 33990

SUBJECT: BBC GLOBAL SOLUTIONS, LLC

Ref. Number: W15000027616

We have received your document for BBC GLOBAL SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00007897

15 JUN -8 PM 12: 35

ARTICLES OF ORGANIZATION FOR	FLO RID A LIMITED LIABILITY O	OMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
BBC Clobal S (Must end with the words "Limited	olutions, 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 of	ffice of the Limited Liability Co	npany is:
Principal Office Address:	Mailing Address:	
716 SE 9th Place Cape Cocal FL 33980	716 SE 97	Place
Cape Cocal FL 33990	7/6 SE 9Th Cape Coent	, FL 33996
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	& Registered Agent's Signatur Registered Agent. You must des	e: ignate an individual or
The name and the Florida street address of the registered	_	
radille	Ruices, INC	
Florida street address (P.O. Box	Court North	
Loxahat chee City	FL 33470 Zip	•
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	t the appointment as registered as of all statutes relating to the prope	ent and agree to act in this er and complete performance
Registered Agent's Signa	Era Brastiga m on	behalf of Incorp Services, Inc
(CONTINU	ED)	
Page 1 of 2		FILED 15 JUN -8 PM 31 Onl Takk Of S
		ED PH 12: 35 OF STATE

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Bernard Converse 716 SE 9Th PLace Cape Coral, FL 33990
AMBR	BARBARA CONVERSE
	Cape Corai, FL 33990
71. w. t 22.	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must le of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must let of filing.) CLE VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must I te of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section 60) institutes an affirmation under the penalum aware that any false information sub	a member or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document lities of perjury that the facts stated herein are true. emitted in a document to the Department of State
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