Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Phone Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **BGLM, LLC**

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
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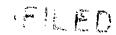
Corporate Filing Menu

Help

COVER LETTER

| TO: | Registration S Division of Co | | | | |
|----------|----------------------------------|--|-----------------|---|--|
| OF 15 41 | BGLM | LLC. | | | |
| SUBJI | ECT: | Name of L | imited Liabil | ity Company | |
| The en | closed Articles o | f Organization and fec(s) | are submitted | for filing. | |
| Please | return all corresp | ondence concerning this r | natter to the i | following: | |
| | Lance Moo | re | | | |
| | | | Name of | Person | |
| | | | Firm/Co | many | |
| | 4504 W. Sp | ruce Street | Timbec | mpany | |
| | | | Addı | cşs | |
| | Tampa, FL | 33607 | | | |
| | lance123@h | otmail.com | City/State an | d Zip Code | LM |
| | | E-mail address: (to be use | | | on) |
| For furt | her information c | oncerning this matter, plea | ise call: | | |
| | Joseph O'H | • | 310 | 776-1289 | |
| | Nai | ne of Person | Area Code | Daytime Telephon | e Number |
| Enclos | sed is a check for | the following amount: | | | |
| \$125.6 | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certifi | DO Filing Fee & led Copy al copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Regis Divis P.O. | ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314 | | Street Address Registration Section Division of Corporati Clifton Building 2661 Executive Centor Tallahassee, FL 3230 | er Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



| A | R1 | 'nC | LE | 1 - | Nα | me: |
|---|----|-----|----|-----|----|-----|
| | | | | | | |

The name of the Limited Liability Company is:

SECHE MAY OF STATE PALLAGASTEE, FLOREIN

15 JUL 17 AM 8: 09

| BGLM, LLC | | | 建設機能與企業的企業 | £. [: |
|--|---------------------------|--------------------------|-------------------------|-------|
| (Must end | with the words "Limited | Liability Company | y, "L.L.C.," or "LLC.") | _ |
| ARTICLE II - Address: The mailing address and street ad | ldress of the principal c | office of the Limited | I Liability Company is: | |
| <u>Principa</u> | al Office Address: | | Mailing Address: | |
| 4504 W. Spruce Street | et | 450 | 4 W. Spruce Street | |
| Tampa, FL 33607 | | Tan | npa, FL 33607 | _ |
| The name and the Florida street a | address of the registered | d agent are: | , | |
| | | Name | , | |
| | 4504 W. Spruce Stre | et | | |
| | Florida street addres | s (P.O. Box <u>NOT</u> a | cceptable) | |
| | Tampa | FL | 33607 | |
| | City | State | Zip | |

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> | Name and Address: |
|---|--|
| "AMBR" = Authoria | ed Member |
| "MGR" = Manager | I nune Manan |
| AMBR | Lance Moore 4504 W. Spruce Street |
| | Tampa, FL 33607 |
| | Tampa, 1 L 55007 |
| AMBR | Bruce Gradkowski |
| | 4029 Secluded Rayine |
| | Maumee, OH 43537 |
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| E V: Effective date, ective date is listed, of filing.) the date inserted in the date inserted date | if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 his block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. |
| ective date is listed, of filing.) the date inserted in | if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or 90 his block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records. Ins., if any. |
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| E V: Effective date, ective date is listed, filing.) the date inserted in ment's effective date E VI: Other provision REOUIRED SIGN | if other than the date of filing: |

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)