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COVER LETTER

	egistration Section vision of Corporations				
SUBJECT	BMC MOTORS LLC				
SUBJECT		imited Liability Company			
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.			
Please retu	n all correspondence concerning this	matter to the following:			
	Franklin Baudet				
	 	Name of Person			
	N/A				
		Firm/Company			
	4152 121st Terrace N				
	Address				
	Royal Palm Beach, FL 33411				
į	omcmotorsllc@gmail.com	City/State and Zip Code			
_	E-mail address: (to be use	ed for future annual report notification)			
For further in	formation concerning this matter, plea	se call:			
	Franklin Baudet	561 603-2460			
•		Area Code Daytime Telephone Number			
Enclosed is	a check for the following amount:				
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF	ORGANIZATION FOR F	LORIDA LIMITE	D LIABILITY COMPANY	<u>اب جرہ</u>	<u>.</u>
ARTICLE I - Name:					SEP
The name of the Limited Liability	y Company is:	, 10.			
				3 48	င်ာ
BMC MOTORS LLC	1	•		٠٠٠ - ١٠٠٠	
(Must end v	vith the words "Limited I	Liability Compar	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				951	÷
The mailing address and street ad	dress of the principal off	fice of the Limite	d Liability Company is:	<u> </u>	6
_				4	
<u>Principa</u>	l Office Address:		Mailing Address:		
4701 SW 45th St	SAME				
Davie, FL 33314					
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own F	Registered Agent	ent's Signature: . You must designate an individual or		
The name and the Florida street a	ddress of the registered a	agent are:			
	Franklin Baudet				
		Name			
	4152 121st Terr N				
	Florida street address	(P.O. Box NOT	acceptable)		
	Royal Palm Beach	FL	33411		
	City	State	Zip		
laving been named as registered a	gent and to accept service	e of process for th	ne above stated limited liability compar	ny at the	

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager P	Franklin Baudet
	4152 121st Terr N
	Royal Palm Beach, FL 33411
VP	Thermonfils Michel
	1049 Goldenlakes Blvd, Apt. 125
	West Palm Beach, FL 33411
(Use attachment if necessary)	
DE DE MAI 1966 antico dado 16 ados de la de-	1. CCP (OPTIONAL)
LE V: Ellective date, if other than the	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
e of filing.)	e specific and cannot be more than five business days prior to or 90 days
	not meet the applicable statutory filing requirements, this date will not be li
cument's effective date on the Departn	
CLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Franklin Baudet

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)

REOUIRED SIGNATURE: