

Division of Corporations

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**LS00072395**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6301

**From:**

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA  
Account Number : 076424000767  
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**\*\*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.****BAI GROUP LLC**

Certificate of Status	0
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Estimated Charge	<b>\$125.00</b>

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**COVER LETTER**

**TO: Registration Department  
Division of Corporations**

**SUBJECT: BAL GROUP 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:

**BENIGNO ARMAS  
5738 S.W. 35TH STREET  
MIAMI, FLORIDA 33155  
[Benigno.armas@gmail.com](mailto:Benigno.armas@gmail.com)**

For further information concerning this matter, please call:

**Benigno Armas. Telephone: 786-609-8868**

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**ARTICLE I – NAME:**

The name of the Limited Liability Company is: BAI GROUP LLC.

**ARTICLE II – ADDRESS:**

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

**Principal Office Address:**

5738 S.W. 35<sup>th</sup> STREET  
MIAMI, FLORIDA 33155

**Mailing Address:**

5738 S.W. 35<sup>th</sup> STREET  
MIAMI, FLORIDA 33155

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The Name and the Florida Street address of the Registered Agent is BENIGNO ARMAS, 5738 S.W. 35<sup>th</sup> STREET, MIAMI, FLORIDA 33155.

*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.*

  
Benigno Armas, Registered Agent

**ARTICLE IV – MANAGER/DIRECTORS**

**Title:**

MGR

**Name and Address**

BENIGNO ARMAS  
5738 S.W. 35<sup>th</sup> STREET  
MIAMI, FLORIDA 33155

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REQUIRED SIGNATURE:

  
Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), 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.]

BENIGNO ARMAS

Type or printed name of signer

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