

L16000016519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

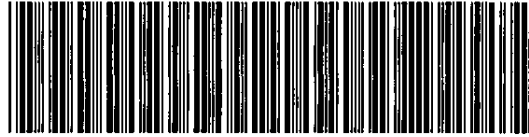
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16 JUN 25 PM 1:44
FILED
AND
APPROVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOG ARCHITECTS, PLLC
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:

BRAD HITE
Name of Person
BOG ARCHITECTS
Firm/Company
100 S. ASHLEY DRIVE SUITE 100
Address
TAMPA, FL 33602
City/State and Zip Code
BRAD.HITE@BOGLLP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRAD HITE at (813) 323-9233
Name of Person Area Code Daytime Telephone Number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2016

BRAD HITE
100 S. ASHLEY DRIVE, SUITE 100
TAMPA, FL 33602

SUBJECT: BDG ARCHITECTS, PLLC
Ref. Number: W16000001762

We have received your document for BDG ARCHITECTS, PLLC 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 specific business purpose of the professional association must be stated in the document.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 516A00000715

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JAN 25 PM 4:45

B06 ARCHITECTS, PLLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 office of the Limited Liability Company is:

Principal Office Address:

100 S. ASHLEY DRIVE
SUITE 100
TAMPA, FL 33602

Mailing Address:

100 S. ASHLEY DRIVE
SUITE 100
TAMPA, FL 33602

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CHRIS KIRSCHNER

Name

100 S. ASHLEY DRIVE SUITE 100

Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33602

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)

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: **16 JAN 25 PM 4:45**

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

CHRIS KIRSCHNER
100 S. ASHLEY DRIVE SUITE 100
TAMPA, FL 33602

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ARCHITECTURAL SERVICES

REQUIRED SIGNATURE:


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.

CHRIS KIRSCHNER

Typed or printed name of signer

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)