L16000033483

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(De	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	





000281826160

02/08/16--01024--010 **125.00

00/13/16

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	BACAL, LLC
SOBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	FRANCISCO CALDERON
	Name of Person
	Firm/Company
	731 SE 4TH AVE.
	Address
	DELRAY BEACH, FL 33483
	City/State and Zip Code pancho12007@homemail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	PATRICIA GARRABRANT 954 483-4555
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
] \$125.0	0 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liability Company is:	
BACAL, LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
731 SE 4TH AVE	731 SE 4TH AVE
DELRAY BEACH, FL 33483	DELRAY BEACH, FL 33483
RTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Regi- nother business entity with an active Florida registration.)	stered Agent. You must designate an individual or
the flattle and the Piorida street address of the registered ager	it are.
FRANCISCO CALDERO	NN
Nar	me
731 SE 4TH AVE	

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..

FL

State

DELRAY BEACH

City

Registered Agent's Signature (REQUIRED)

33483

Zip

(CONTINUED)

Page 1 of 2

A 1	RTI	•	T % 7
A	KII	 .Н.	1 V -

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
113 COD 11 3 C	
"MGR" = Manager MGR	FRANCISCO CALDERON
WICK	731 SE 4TH AVE
	DELRAY BEACH, FL 33483
<u></u>	
 	
(Use attachment if necessary)	
e of filing.) If the date inserted in this block does not i	meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inserted in this block does not in the date inserted in the Department on the Department.	meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inserted in this block does not i	meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inserted in this block does not in the date inserted in the Department on the Department.	meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inserted in this block does not runnent's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inserted in this block does not runnent's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executant any false.	meet the applicable statutory filing requirements, this date will not be li
e of filing.) If the date inserted in this block does not runnent's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a methic document is executam aware that any false constitutes a third degree.	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
e of filing.) If the date inserted in this block does not runnent's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executant any false.	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
re of filing.) If the date inserted in this block does not runnent's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a metal This document is executed an aware that any false constitutes a third degre FRANCISCO CA	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. ALDERON Typed or printed name of signce Filing Fees:
re of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a magnetic form a magnetic form. FRANCISCO CA \$125.00 Filing Fee for Articles of Ormania.	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. ALDERON Typed or printed name of signce Filing Fees: rganization and Designation of Registered Agent
re of filing.) If the date inserted in this block does not runnent's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a metal This document is executed an aware that any false constitutes a third degre FRANCISCO CA	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S. ALDERON Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent

Page 2 of 2