## L/600115763

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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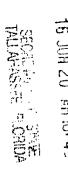
Office Use Only

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## COVER LETTER

Division of Corporations
SUBJECT: Bd2 Construction 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:
William 193000
Name of Telson
Firm/Company
109 DICKSON BAN RD
Address
Panacea FL 32346 City/State and Zin Code
City/State and Zip Code
Bill Rasses 11 @ C mail 100 W Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William 74500 at (880) 391-2986
Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status &  Certified Copy  (additional copy is enclosed)
Mailing Adduson Share Adduson
Mailing AddressStreet AddressNew Filing SectionNew Filing Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	LE	I	_	Na	m	e	•

The name of the Limited Liability Company is:

BAL Construction LLC

(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:

109 Dic Kew BAY RD

Formación FC 32346

Porec A FC 32346

Porec A FC 32346

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:

William Pascoc

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

Paraco FL 3239

City State Zip

Having been named as registered agent and to constitutive 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. If further agree to comply with the provisions of all sucretes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as the stered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
•	
MER	LOG DICK SON BAY RD Paracret F2 32346
. (Use attachment if necessary)	
•	f filing: (OPTIONAL)
TICLE V: Effective date, if other than the date of on effective date is listed, the date must be specidate of filing.)	f filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 90 da  cet the applicable statutory filing requirements, this date will not be f State's records.
FICLE V: Effective date, if other than the date of the effective date is listed, the date must be specified of filing.)  te: If the date inserted in this back does not me document's effective date on the Department of	eific and cannot be more than five business days prior to or 90 da
FICLE V: Effective date, if other than the date of the effective date is listed, the date must be specified of filing.)  (c) If the date inserted in this back does not me document's effective date on the Department of	eific and cannot be more than five business days prior to or 90 da
TICLE V: Effective date, if other than the date of on effective date is listed, the date must be specified of filing.)  te: If the date inserted in this black does not me	eific and cannot be more than five business days prior to or 90 da
TICLE V: Effective date, if other than the date of on effective date is listed, the date must be specified of filing.)  te: If the date inserted in this back does not me document's effective date on the Department of TICLE VI: Cance provisions, if any.  REQUIRED SIGNATORE:  Signature of a men This document is executed I am aware that any false is	the applicable statutory filing requirements, this date will not be f State's records.  There are an authorized representative of a member of an accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

ARTICLE IV-