L/6000/65390

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/2)pre-none #)
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09/08/16--01010--009 **125.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BGF 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:
Britany Moore Name of Person
Firm/Company
1205 Past Plar St.
Monticello FL 32344 By Hanyaumore Goa amal. Com mail (Lity) State and Zin Code mail (Lity) be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 FLORIDA LIMITED LIABILITY COMPANY 16 55P -8 PM 12: 12

Must end with the words "Limited Liability of	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:	Mailing Address:
1205 fast Plar St.	<u>Saml</u>
32344	
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	loove
1205 East Pa Florida street address (P.O. Bo	Ar L St
Monticello FL	32344
City Stat	e Zip
Playing the entitle as registered agent and to accept service of proceptive designment in this certificate, I hereby accept the appointment of further agree to comply this the provisions of all statutes relating to a am familiar with and accept the obligations of my position as register	is registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I
Butteny Registered Ager	MGU nt's Signature (REQUIRED)

ARTICLE I - Name: The name of the Limited Liability Company is:

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member	orized to manage and control the Limited Liability Company: Name and Address:
"MGR" = Manager	Britany Moore
	_HOTH CELLO F.L. 30544
•	
(Use attachment if necessary)	•
(If an effective date is listed, the date must be spetthe date of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable standary filing requirements, this date will not be listed as if State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	tary More
This document is execut I am aware that any false	mber of an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State effelony as provided for in s.817.155, F.S. 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)