

L16 UUU 179939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W1600058043

SEP 27 2015

T. SCOTT



700288875637

08/15/16--01035--008 **125.00

10 SEP 26 PM 12:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2016

DIDER B. FOLLAIN-GRISELL
2120 NW 18TH STREET
DELRAY BEACH, FL 33445

SUBJECT: BZH CONSUNTING LLC
Ref. Number: W16000058043

We have received your document for BZH CONSUNTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Member must sign.,

Please return 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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 716A00017746

please find document signed

IVED

PH 4:00

RPORATI
COMMERCIAL
(SERVICES)

16 SEP 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BZH Consulting 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:

Didier B. Follain-Grisell

Name of Person

BZH Consulting LLC

Firm/Company

2120 NW 18th Street

Address

Delray Beach FL 33445

City/State and Zip Code

ddafg@GoDiveFlorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Didier Follain-Grisell

301

305-8882

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BZH Consulting 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:

Mailing Address:

2120 NW 18th Street

Delray Beach FL 33445

2120 NW 18th Street

Delray Beach FL 33445

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:

Matthew David Cloud PA
Name

2722 SW 23rd Cranbrook Dr
Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach FL 33436
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 SEP 26 PM 12:10

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Didier B Follain-Grisell

2120 NW 18th Street

Delray Beach FL 33445

AMBR

Vera Follain-Grisell

2120 NW 18th Street

Delray Beach FL 33445

(Use attachment if necessary)

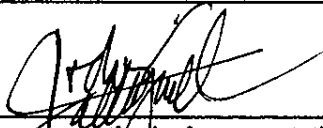
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

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.

Didier Follain-Grisell

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)