## L16000200930

(Red	questor's Name)	
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EFECTIVE DATE 10/26/16

1/03/16

## COVER LETTER

	egistration Section ivision of Corporations		
em reza	BMM FAMILY LLC		
SUBJEC1	Name of Li	imited Liabili	ty Company
The enclos	ed Articles of Organization and fee(s) a	ire submitted	for filing.
Please retu	rn all correspondence concerning this n	natter to the fo	ollowing:
	BETTINA MARIA MONTOYA		
		Name of	Person
		Firm/Cor	
	919 HILLCREST DRIVE #415	riiii/Coi	прапу
		Addre	SS
	HOLLYWOOD, FLORIDA, 33021		
	CORPEMAIL1@GMAIL.COM	City/State and	Zip Code
•	E-mail address: (to be use	d for future a	nnual report notification)
For further i	nformation concerning this matter, plea	se call:	
		954	5591144
			Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fec \$130.00 Fiting Fee & Certificate of Status	Certifie	Solution of the second of the
	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

BMM FAMILY	Y LLC			
(Mus	t end with the words "Limited I	iability Company, "l	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal off	ice of the Limited Lia	ability Company is:	
<u>Pr</u>	Principal Office Address:		Mailing Address:	
919 HILLCRESTE DRIVE #415		010.111	919 HILLCRESTE DRIVE #415	
919 HILLCRE	STE DRIVE #415	919 HI.	FFCKESTE DKIVE #415	
HOLLYWOOI  ARTICLE III - Registere The Limited Liability Connother business entity with	d Agent. Registered Office. & npany cannot serve as its own R h an active Florida registration.	Registered Agent's Registered Agent. You	YWOOD FLORIDA 33021	
HOLLYWOOI  ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & npany cannot serve as its own to han active Florida registration atreet address of the registered a	Registered Agent's Registered Agent. You agent are:	YWOOD FLORIDA 33021 s Signature:	
HOLLYWOOI  ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & npany cannot serve as its own to an active Florida registration street address of the registered a BETTINA M MONTO	Registered Agent's (segistered Agent. You agent are:	YWOOD FLORIDA 33021 s Signature:	
HOLLYWOOI  ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & npany cannot serve as its own to han active Florida registration atreet address of the registered a	Registered Agent's tegistered Agent. You agent are:  DYA Name  NE #415	YWOOD FLORIDA 33021 s Signature: u must designate an individual o	
HOLLYWOOI  ARTICLE III - Registere The Limited Liability Con mother business entity wit	d Agent, Registered Office, & npany cannot serve as its own to han active Florida registration atreet address of the registered a BETTINA M MONTO	Registered Agent's tegistered Agent. You agent are:  DYA Name  NE #415	YWOOD FLORIDA 33021 s Signature: u must designate an individual o	

dΙ

AYOTUM

Registered Agent's Signature (REQUIRED)

(CONTRNUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	BETTINA M MONTOYA
	919 HILLCREST DRIVE #415
	HOLLYWOOD FLORIDA 33021
	100 mm 1
411	
(Use attachment if necessary)	
DEFENS PAGE AT THE ABOVE AT THE	CC1: 10/2//2017
LLE V: Effective date, if other than the dat	te of filing: 10/26/2016 (OPTIONAL)
one at the transfer of the second	Becific and cannot be more than five business days orior to or 90 days o
effective date is listed, the date must be s	pecific and cannot be more than nive business anys prior to or youngs a
effective date is listed, the date must be s te of filing.)	
effective date is listed, the date must be so e of filing.) If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be list
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effective date is listed, the date must be see of filing.)  If the date inserted in this block does not cument's effective date on the Department of the Dep	meet the applicable statutory filing requirements, this date will not be list of State's records.

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.

BETTINA MARÍA MONTOYA

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)

ARTICLE IV- 1

S 5.00 Certificate of Status (Optional)