

L16000200930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

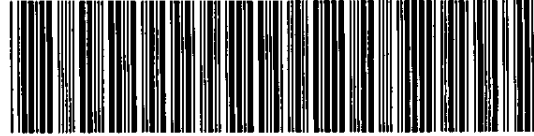
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 OCT 31 PM 2:15

EFFECTIVE DATE 10/26/16

[Signature] 11/03/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BMM FAMILY LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETTINA MARIA MONTOYA

Name of Person

Firm/Company

919 HILLCREST DRIVE #415

Address

HOLLYWOOD, FLORIDA, 33021

City/State and Zip Code

CORPEMAIL1@GMAIL.COM

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

For further information concerning this matter, please call:

BETTINA MONTOYA 954 5591144

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:

BMM FAMILY 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:

919 HILLCRESTE DRIVE #415
HOLLYWOOD FLORIDA 33021

919 HILLCRESTE DRIVE #415
HOLLYWOOD FLORIDA 33021

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:

BETTINA M MONTOYA
Name

919 HILLCREST DRIVE #415
Florida street address (P.O. Box **NOT** acceptable)

HOLLYWOOD FLORIDA 33021
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

2016 OCT 31 PM 2:15

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

