L17000043404

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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02/27/17--01040--017 **130.00

SECRETARY OF STATE

2017FEB 27 AM 9: 45

FEB 28 2011

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	BBC Asia Consultants, LLC
SCDBEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Bruce B.Cohen
	Name of Person
	BBC Asia Consultants,LLC
	Firm/Company
	151 N.E.16th Avenue, suite 379
	Address
	Fort Lauderdale, Florida, 33301
	City/State and Zip Code bbcinv@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	Bruce B.Cohen 954 3265232
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address

TO:

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

ADTICLE L. Marras	
ARTICLE I - Name: The name of the Limited Liability Company is:	
BBC Asia Consultants,LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
151 N.E.16th Ave.suite 379	151 N.E 16th Ave.suite 379
Fort Lauderdale, Florida 33301	Fort Lauderdale,33301
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registant another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	t are:
Bruce B.Cohen	
Nan	ne
151 N.E.16th Ave, suite 37	9
Florida street address (P.C	D. Box NOT acceptable)

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..

Fort Lauderdale

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Florida

State

Page 1 of 2

SECRETARY OF STATE

<u> Mile:</u>	Name and Address:
AMBR" = Authorized Member	г
MGR" = Manager	
Dir.	Bruce B.Cohen
	151 N.E.16th Avenue, suite 379
	Fort Lauderdale, Florida, 33301
V: Effective date, if other the ctive date is listed, the date in	n the date of filing: February 7,2017 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other the ctive date is listed, the date in filing.) the date inserted in this block the date inserted on the De	ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date n f filing.)	ust be specific and cannot be more than five business days prior to or 90 loes not meet the applicable statutory filing requirements, this date will not
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CV: Effective date, if other the ctive date is listed, the date in filing.) the date inserted in this block the date on the December of the country of the c	loes not meet the applicable statutory filing requirements, this date will not partment of State's records. The of a member or an authorized representative of a member. This executed in accordance with section 605.0203 (1) (b), Florida Statutes.
CV: Effective date, if other the ctive date is listed, the date in filing.) the date inserted in this block ment's effective date on the Dec. CVI: Other provisions, if any. REOURED SIGNATURE: Signature I am aware tha	loes not meet the applicable statutory filing requirements, this date will not partment of State's records. Live of a member or an authorized representative of a member.
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EV: Effective date, if other the crive date is listed, the date in filing.) he date inserted in this block ment's effective date on the December of the continuous of the cont	loes not meet the applicable statutory filing requirements, this date will not partment of State's records. The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.

as

ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)