. (Requestor's Name)
(Address)
(Address)
(City)(Ctata (Zin/Dhana 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	BG	Capital	Properties LCC
	(CORPORATE	NAME)	/ (DOCUMENT #)
2.	(CORPORATE I	NAME)	(DOCUMENT #)
3.			
	(CORPORATE I	NAME)	(DOCUMENT #)
[_] Walk-In	Pick up time:	Certified Copy Certificate Of Status

New Filings		
	Profit	
	Non-Profit	
X	Limited Liability	
	Other:	

	- Amendments
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

*	Other Filings 1
	Annual Report
	Fictitious Name
	Apostille:
	Other:

Examiners Initials	
1	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E 1 - N	lame
The name	of the	Lim

ited Liability Company is:

BG CAPITAL PROPERTIES 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:		
21423 SW 85 PSGE		
Miami, FL 33189		

Mailing Address:		
21423 SW 85 PSGE		
Miami, FL 33189		

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:

City

Bayardo H. Garcia		
	Name	
	21423 SW 85 PS	GE
Florida Street ac	ddress (P.O. Box NO	T acceptable)
Miami	FL	33189

State

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..

Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Bayardo H. Garcia		
AMBR & MGR			
	21423 SW 85 PSGE		
	Miami, FL 33189		
	P.3		
	··		
prior to or 90 days after the date of filin Note: If the date inserted in this block does	ust be specific and cannot be more than five business days ag.) es not meet the applicable statutory filing requirements, this date		
will not be listed as the document's effect	ive date on the Department of State's records.		
ARTICLE VI: Other provisions, if any.			
Bayardo H. Garcia - 100%			
	,		
REQUIRED SIGNATURE:	<u> </u>		
This document is executed Statutes. I am aware that an	in accordance with section 605.0203 (1) (b), Florida by false information submitted in a document to the states a third degree felony as provided for in s.817.155, F.S.		

Typed or printed name of signee

Bayardo H. Garcia