

L17000147844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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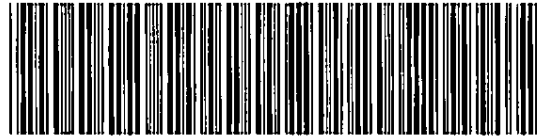
(Business Entity Name)

(Document Number)

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17 JUL 10 AM 13
STATE PARTY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BLW SAFETY CONSULTING, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication **of a Non-U.S. Entity** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian L. Wood

Name of Person

BLW SAFETY CONSULTING, LLC

Firm/Company

P.O. Box 740130

Address

Orange City, FL 32763-0130

City/State and Zip Code

blwood725@yahoo.com

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

For further information concerning this matter, please call:

Brian L. Wood

386

414-0419

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Articles of Domestication:	\$25
Articles of Organization:	\$125
Total to Domesticate and file:	\$150

ARTICLES OF ORGANIZATION
OF
BLW SAFETY CONSULTING, LLC

17 JUL 10 AM 10:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I

NAME

The name of the Limited Liability Company is:

BLW SAFETY CONSULTING, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is P.O. Box 740130, Orange City, FL 32774-0130.

The street address of the Limited Liability Company's principal office is 530 Woodford Dr., DeBary, FL 32713

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.


ARTICLE IV

MANAGEMENT

The managing member who is designated by the member(s) as the manager shall carry out and further the decisions and action of the member(s) made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, document, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments,

leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with Chapter 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Authorized Representative

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 605.0201, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is **BLW Safety Consulting, LLC**.

The name and the Florida street address of the registered agent are:

Brian L. Wood
530 Woodford Dr.
DeBary, FL 32713

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.

BLW SAFETY CONSULTING, LLC

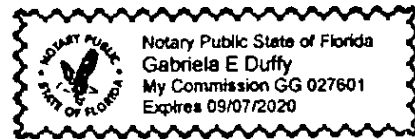
Brian L. Wood
Registered Agent

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 27th day of June, 2017, by **Brian L. Wood**, who is personally known to me or who produced as identification and who did not take an oath.

Gabriela E. Duffy
Notary Public

Gabriela E. Duffy
Notary printed name
Commission No.
My Commission Expires:



17 JUL 10 AM 03 19
STATE OF FLORIDA
TALLAHASSEE FLORIDA