U17000175489

(Requestor's Name)
(Address)
(Address)
(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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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BQXZ Properties 12C Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Zili Zheng Name of Person
Firm/Company
• •
2525 Twain Dr Address
Tallahassee FL 3231/ City/State and Zip Code For uimake a yahov Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (646) 932 - 7978 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \(\sum_{\text{Certificate of Status}} \) \$130.00 Filing Fee \(\sum_{\text{Certificate of Status}} \) \$155.00 Filing Fee \(\sum_{\text{Certified Copy}} \) \$160.00 Filing Fee, \(\text{Certified Copy} \) (additional copy is enclosed) \(\text{Certified Copy} \)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 (additional copy is enclosed) 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

The name of the Limited Liability Com	pany is:		
0007	Destation	110	

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2525 Twain Dr.	Same
Tallahossee, FL 32311	

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:

Bao 6	lina /	/ ` 	
	Name		
Florida street addiess	1304	Woodgate	<u>Way</u>
Florida street address	(P.O. Box <u>XC</u>	T acceptable)	~
Tallahassee	FL	323	<u>08</u>
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)

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Title: "AMBR" = Authorized Member	
"AMBK" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Bao. QINGLI 2513 ULYSGEG RD TALLAHASSET EL 31312
AMBR	Zili Zheng 2525 Tirain Dr Tallahasser, FL 32311
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be specified).	e of filing:
the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
the date of filing.) Note: If the date inserted in this block does not	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-