## 117000184147

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C Kinsey

## COVER LETTER

	ng Section of Corporations		
SUBJECT:	Bhy Serii	CeS LLC mited Liability Company	
The enclosed Arti	cles of Organization and fee(s) a	re submitted for filing.	
Please return all c	orrespondence concerning this m	natter to the following:	
	Brian Yo	Name of Person	
		Firm/Company	
	00 646 Marino	Er Circle Address	
	· Dilligator	City/State and Zip Code	
<del></del> -	E-mail address: (to be use	ed for future annual report notification)	
For further informa	ation concerning this matter, plea	ase call:	
B	Name of Person at (	Area Code Daytime Telephone Number	
Enclosed is a che	eck for the following amount:		
\$125.00 Filing F	ce \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
	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

RTICLE 1 - Name: The name of the Limited Liability Company is:
Bhy SeculCes Lice (Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  646 Macher Circle  Alligator Point Florida  32324
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 nother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  Brian Young  Name  646 Mariner Circle Alligator Pont-Florida 3232  Florida street address (P.O. Box NOT acceptable)
Alligator Port Florida 32329 City State Zip
aving been named as registered agent and to accept service of process for the above stated limited liability company at the accept designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I rither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I in 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)  AUG 29  THE STATE OF THE STATE

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

·	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Brian Yuing
	646 Mariner Circle Alligato: Parti Florda 323
(Use attachment if necessary)	
f an effective date is listed, the date must be specific date of filing.)	filing:
RTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	Bb.
This document is executed	per or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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)