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(Request	tor's Name)
(Address	<u> </u>
(Address	5)
(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	
Special Instructions to Filing) Officer:





600303151336

09/05/17--01032--030 **125.00



COVER LETTER

	New Filing Section Division of Corporations					
cup ic	Acrylic Solutions by BCA, LLC					
SUBJEC	Name of	f Limited Liabi	ility Company	-		
The enclo	sed Articles of Organization and fee(s	s) are submitte	d for filing.			
Please ret	um all correspondence concerning thi	s matter to the	following:			
	Charles Gunn					
		Name o	of Person			
	· · · · · · · · · · · · · · · · · · ·	Firm/C	ompany			
	2218 Margarita Dr					
		Add	Iress			
	Lady Lake, FL 32159					
		City/State a	nd Zip Code	•		
	cgunn50@protonmail.com			<u> </u>	, 20	
	E-mail address: (to be i	used for future	annual report notification)	ار است امار در میرود معادر مارد	17 S	
For further	information concerning this matter, p	lease call:		37.	2017 SEP-6	
	Charles Gunn	610 t (681-5599	1.36 1.44		,
	Name of Person	Area Code	Daytime Telephone Number		Ph 3:	٠.
Enclosed	is a check for the following amount:			•	:: ^\ ^\	-
	Filing Fee \$130.00 Filing Fee	& [.00 Filing Fee & \$160.00 F	iling Fee.		
	Certificate of Status	s —-cern	fied Copy Certificate	e of Status &		
		(additio	nal copy is enclosed) Certified (additional c	copy copy is enclos	ed)	
	Mailing Address		Street Address			
	New Filing Section		New Filing Section			
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
	Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street add	n the words "Limited Liz ress of the principal offic		ny, L.L.C., or LL.C	.)	
The mailing address and street add	ress of the principal offic	ce of the Limi			
<u>Principal</u>		01 MIC 171111	ted Liability Company	is:	
	Office Address:		Mailing	Address:	
2218 Margarita Dr. La	dy Lake, FL 32159	2	218 Margarita Dr. Lac	ly Lake, FL 32159	
					
A DETICAL CHAIR DO SALVE A A SALVE	. D ! 1 O.C				
ARTICLE III - Registered Agen (The Limited Liability Company c	annot serve as its own Re	egistered Age		an individual or	
another business entity with an ac	tive Florida registration.))			
The name and the Florida street ac	dress of the registered a	gent are:			
	Charles Gunn				
	1	Vame			
	2218 Margarita Dr				
	Florida street address (P.O. Box <u>NO</u>	T acceptable)	أمح	. ≈
	Lady Lake, FL 32159			<u> </u>	
	City	State	Zip	12 / 16 /	SEP
Having been named as registered ag	ent and to accept service	of process for	the above stated limite	ترمن ed liability company at th	7 SEP -6
place designated in this certificate, I further agree to comply with the pro					
					d1⊋ ∴
am familiar with and accept the obli					6.3

(CONTINUED)

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Charles Gunn
	2218 Margarita Dr
	Lady Lake, FL 32159
	
	
•	
ective date is listed, the date must be sport filing.) the date inserted in this block does not n	of filing: 9/1/2017 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 dancet the applicable statutory filing requirements, this date will not be of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be spot filing.)	ecific and cannot be more than five business days prior to or 90 deneet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department	ecific and cannot be more than five business days prior to or 90 deneet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the document is executed an aware that any false.	ecific and cannot be more than five business days prior to or 90 denect the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execular massage that any false.	ecific and cannot be more than five business days prior to or 90 deneet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)