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F7094.	Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696	
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RECEIVED 2018 MAR 14 AM 11:32 2018 COMPENSIONS 2018 COMPENSIONS 2018 COMPENSIONS 2018 COMPENSIONS 2018 COMPENSIONS	FLORIDA LIMITED LIABILITY CO.AvecDics Holdings, UCCertificate of StatusCertified CopyPage Count03Estimated Charge\$155.00	2018 MAR 14 AM 9: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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March 7, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORP USA

SUBJECT: BMB BOLDING, LLC REF: W18000021917

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L06000047629.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY Regulatory Specialist II New Filing Section FAX Aud. #: H18000073838 Letter Number: 918A00004586

P.O BOX 6327 - Tallahassee, Flonda 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

## ARTICLE II - Address:

The name

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

Mailing Address: Principal Office Address: 1801 Polk street #222114 HUllywood, FL 3302-2 Stree 22

ARTICLE 111 - 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.)

and the Florida street address of the registered agent are:
Britany M. Daun
Name
1801 Polk street #222114
Florida street address (P.O. Box NOT acceptable)
Hollywood FL 33022
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the pluce 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)

30263336696 93/14/2018 II:02 The name and address of each person authorized to manage and control the Limited Liability Company: ARTICLE IV-

AMBR" = Authorized Member MGR" = Manager	
MGR	Pritary Bain 1801 Polk Street #222114 Hollywind, FL 33022
(Use attachment if necessary)	
E V: Effective date, if other than ective date is listed, the date must of filing.)	the date of filing: (OPTIONAL) it be specific and cannot be more than five business days prior to or 90 d es not meet the applicable statutory filing requirements, this date will not b
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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)

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