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FISHBACK DOMINICK

ATTORNEYS AT LAW

1947 LEE ROAD WINTER PARK, FLORIDA 32789-1834

G BEN FISHBACK (1893-1983) JULIAN K. DOMINICK (1924-2003)

MARK F. AHLERS

A KURT ARDAMAN
JOHN F. BENNETT
CHRISTOPHER R. CONLEY
KURT H. GARBER
RICHARD S GELLER
ERIC B. JONTZ
JEFFRY R. JONTZ
LANCE D. KING

DANIEL W. LANGLEY
MICHAEL D. TEMPKINS

OF COUNSEL
CHARLES R. STEPTER, JR.

TEL 1407) 262-8400 FAX 1407) 262-8402 WWW FISHBACKLAW,COM

FLORIDA BAR BOARD CERTIFIED IN * CITY, COUNTY AND LOCAL GOVERNMENT

March 29, 2019

Via Overnight Delivery

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

Re: Formation of new Limited Liability Company - BBWC, LLC

To Whom It May Concern:

Please find enclosed our firm check #479 made payable to the Florida Department of State in the amount of \$125.00 which represents the filing fee for the enclosed Articles of Organization for BBWC, LLC.

If you require anything else, please let us know.

.. Kurt(Ardama)

AKA/ml Enclosures

COVER LETTER

	New Filing Section Division of Corporations
emp iec	BBWC, LLC
SUBJEC	Name of Limited Liability Company
The encid	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Jess Bailes
	Name of Person
	Firm/Company
	201 Chase Avenue
	Address
	Winter Park, FL 32789
	City/State and Zip Code jessb@abcfws.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	Jess Bailes at (407) 947 - 0723
	Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	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

Filed 04/01/2019 Division of Corporations ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY L. SIMMONS

ART	ICI	.Е	I -	Na	me:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC,")
RTICLE II - Address:	
ne maiting address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	of the Limited Liability Company is: Mailing Address:
he mailing address and street address of the principal office Principal Office Address: 201 Chase Avenue	

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:

	Name	<u>_</u>
1947 Lee Road		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
		' '
Winter Park,	FL.	32789

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)

PR - I PM 3: I

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager MGR	Elizabeth Bailes
111011	201 Chase Avenue
	Winter Park, FL 32789
	Willel Falk, FL 32/89
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date	of filing: 03/28/19 . (OPTIONAL)
ICLE V: Effective date, if other than the date is effective date is listed, the date must be speate of filing.) If the date inserted in this block does not no ocument's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be lister
ICLE V: Effective date, if other than the date is effective date is listed, the date must be speate of filing.) If the date inserted in this block does not	ecific and cannot be more than five business days prior to or 90 days aft
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ICLE V: Effective date, if other than the date is effective date is listed, the date must be speare of filing.) If the date inserted in this block does not no ocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days affect the applicable statutory filing requirements, this date will not be lister of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be specifie of filing.) If the date inserted in this block does not no comment's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed any false	ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not not comment's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed among a specific or comment is executed any false.	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, 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)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-