Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000127674 3)))



H190001276743ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KALEEL & ASSOCIATES

Account Number : I20000000253 Phone

: (561)279-4201

Fax Number : (561)278-9462

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address:_

Clledwards@aol.com

FLORIDA LIMITED LIABILITY CO. FIFTH AVENUE BCJ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

H190001276743

ARTICLES OF ORGANIZATION

OF

FIFTH AVENUE BCJ, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be FIFTH AVENUE BCJ, LLC, a Florida limited liability company ("Company").

ARTICLE II -- ADDRESS

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

Principal Office Address: Mailing Address:

17 Adams Road
17 Adams Road
Ocean Ridge EL 33435
Ocean Ridge EL 3343

Ocean Ridge, FL 33435 Ocean Ridge, FL 33435

ARTICLE III -- INITIAL REGISTERED OFFICE AND REGISTERED AGENT & REGISTERED AGENT SIGNATURE:

The name and Florida street address of the initial registered agent are:

CHRISTINE M. EDWARDS

17 Adams Road Ocean Ridge, FL 33435

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..

Y: CHRISTINE M. EDWARDS

Registered Agent

ARTICLE IV - MANAGEMENT

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

NAME AND ADDRESS

5612789462

TTTLE:

BRENDON E. FUGO

AMBR

17 Adams Road

Ocean Ridge, FL 33435

JOHN W. FUGO

AMBR

17 Adams Road

Ocean Ridge, FL 33435

CHRISTINE M. EDWARDS

AMBR

17 Adams Road

Ocean Ridge, FL 33435

ARTICLE V - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual.

ARTICLE VI — ADMISSION OF NEW MEMBERS

Except as set forth in the regulations, no additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

ARTICLE VII- MEMBERS' RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by unanimous vote of all the remaining members.

ARTICLE VIII - INDEMNIFICATION

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager or former member or manager to the full extent permitted under the Act.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. We are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CHRISTINE M. EDWARDS

STATE OF

COUNTY OF Varia Bones

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared CHRISTINE M. EDWARDS known to me to be and known by me to be the person who executed the foregoing Articles of Organization, and they acknowledged before me that they executed same.

IN WITNESS WHEREOF, we have set our hands and seal in the State and County aforementioned

above this 18 day of April, 2019.

CAROLANN BERNSTEIN
Commission # GG 139172
Expires September 22, 2021
Banded Thro Toy Fate Insurance 500-385-7019

Notary Public

My commission expires:

(Seal)

FILED