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## **COVER LETTER**

TO:

**New Filing Section** 

Di	vision of Corporations	
SUBJECT	BF Finance, LLC	
SOBOLO.		imited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	m all correspondence concerning this i	natter to the following:
	Brenda Fogle	
		Name of Person
	BF Finance, LLC	
		Firm/Company
	9834 Lem Turner Rd	
		Address
	Jacksonville, FL 32208	
:	dliedautoandtkrcp@gmail.com	City/State and Zip Code
-	E-mail address: (to be use	ed for future annual report notification)
For further in	nformation concerning this matter, plea	
	Roger Jonesat (	904 303-0016 Area Code Davtime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed)  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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BF Finance,LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
	of the Limited Linbility Company is:
ling address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
Principal Office Address:	Mailing Address:

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

Brenda Fogle		
	Name	
9454 Campus Ave		
Florida street addres	s (P.O. Box <u><b>NOT</b></u> ac	eceptable)
Jacksonville	FL	32208
City	State	Zip

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' Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager MGR	Brenda Fogle 9454 Campus Ave Jacksonville, FL 32208		
<del></del>			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be spectified that of filing.)  Note: If the date inserted in this block does not me the document's effective date on the Department of	ific and cannot be more than five business da ect the applicable statutory filing requirements,	ays prior to or 90 da	-
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Fogle		
Signature of a men This document is execute I am aware that any false	nber or an authorized representative of a med in accordance with section 605.0203 (1) (b), information submitted in a document to the Dep felony as provided for in s.817.155, F.S.	Florida Statutes.	.:
Brenda Fogle	island as provided for in soft retail, 1 is.	9	*.; :
Dienua rogie	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)