

L19000148294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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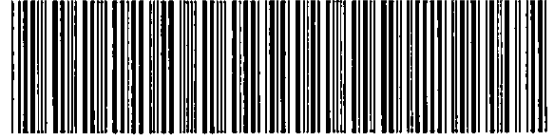
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/18--60057--009 **58.08

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FILED
2019 JUN 13 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FL

T. BURCH

JUN 13 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BiJa BiJa LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatriz Kuhnert

Name of Person

BiJa BiJa LLC

Firm Company

19902 NW 67th Court

Address

Hialeah, FL 33015

City, State and Zip Code

bettykuhnert@hotmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz Kuhnert

305

608-4193

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
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

2019 JUN 13 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FL**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Baja Bqz LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:19902 NW 67th CourtHialeah, FL 3301519902 NW 67th CourtHialeah, FL 33015**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:

Beatriz Kuhnert

Name

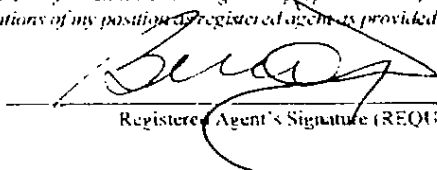
12118 ST Andrews Pl., Apt. 102Florida street address (P.O. Box NOT acceptable)MiramarFL33025

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's Signature (REQUIRED.)

(CONTINUED)

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2019 JUN 13 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FL**ARTICLE IV -**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager:**Name and Address:**

Beatriz Kuhnert

12118 ST Andrews PL, Apt. 102

Miramar, FL 33025

Manager

Martin C. Indum

19902 NW 67th Court

Hialeah, FL 33015

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/24/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am 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.

Beatriz Kuhnert

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)

\$ 5.00 Certificate of Status (Optional)