

7/1/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Office

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.

(((H190002030813)))



H190002030813ABCY

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BJV LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

4 page fax

**PLEASE HONOR THE ORIGINAL
SUBMISSION DATE OF 07/01/2019**

Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL - 1 AM 11:37
TALLAHASSEE, FLORIDA

5-PH 2:57

850-617-6381

7/3/2019 1:16:23 PM PAGE 1/001 Fax Server



July 3, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SERVICE

SUBJECT: BJV LLC
REF: W19000061645

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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000203081
Letter Number: 819A00013510

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GUEST OF BJV 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:2995 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160Mailing Address:2995 NE 163RD STREET
NORTH MIAMI BEACH, FL 33160

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:


ALEX D. SIRULNIK, P.A.

Name

2199 PONCE DE LEON BOULEVARD, SUITE 301Florida street address (P.O. Box NOT acceptable)

<u>CORAL GABLES</u>	<u>FL</u>	<u>33134</u>
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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

EVGENIA HULDISCH

15811 COLLINS AVENUE, #2107

SUNNY ISLES BEACH, FL 33160

MGR

VLADISLAV KARASIK

15811 COLLINS AVENUE, #2107

SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

ALEX D. SIRULNIK

Typed or printed name of signer

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)