

# L19000215822

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FLORIDA DEPARTMENT OF STATE  
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**FLORIDA LIMITED LIABILITY CO.**

**BSN.2 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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AUG 30 2019

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

BSN.2 LLC

**ARTICLE II ADDRESS**

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

18624 SW 293RD TERRACE

HOMESTEAD, FLORIDA 33030

**ARTICLE III REGISTERED AGENT**

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

JULIA KIRK

18624 SW 293RD TERRACE

HOMESTEAD, FLORIDA 33030

*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.*

X Jul

JULIA KIRK / Registered Agent's signature

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PAGE 2 BSN.2 LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

JULIA KIRK

18624 SW 293RD TERRACE

HOMESTEAD, FLORIDA 33030

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.....

X Julia Kirk  
JULIA KIRK / Authorized Representative's signature

*(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. 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.)*