L19000256831

(Re	equestor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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SECRETARY OF STARRY
TALLARIASSEE, FLARRIA

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/24/2019	
Name:		
Reference	9 #:1144861	
	ne:	BCH DESIGN, LLC
		orization to Transact Business
☐ Am	endment	
Ch:	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
☐ Oth	ner	
Authorized	d Amount: \$125	
Signature:		

F: 800.944.6607

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
BCH Design, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	<u>Mailing Address</u> :
4501 N. Federal Highway	4501 N. Federal Highway
Boca Raton, FL 33431	Boca Raton, FL 33431
ARTICLE III - Registered Agent, Registered Office, & Reg	istered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	tered 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:
Dana S. Brown	

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..

Name

Florida street address (P.O. Box NOT acceptable)

FL

State

Corporation Service Company

4501 N. Federal Highway

City

Boca Raton

Registered Apont's Signature (REOLIDED)

33431

Zip

(CONTINUED)

2019 OCT 24 PH 4: 05

•	Title: "AMBR" = Authorized Member "MGR" = Manager AMBR	Member	Name and Address:	
			The Furniture FActory Showroom, Inc. 4501 N. Federal Highway	
-		-		
			Boca Raton, FL 33431	
			2000 (10.001)	
-		•		
-		-		
	(Use attachment if nece			
in effe date o <u>te:</u> H	ective date is listed, the f filing.) the date inscrted in this	date must be specific and block does not meet the a	. (OPTIONAL) cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as	
docun	nent's effective date on	the Department of State's	records.	
TCU	E VI: Other provisions.	ifany.		
J	REQUIRED SIGNAT			
		ma S.B.	941	
	This do I am aw	cument is executed in acc zare that any false informat	an authorized representative of a member, ordance with section 605,0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of State	
	This do I am aw	cument is executed in acc zare that any false informat	ordance with section 605,0203 (1) (b), Florida Statutes,	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)