L19000280616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

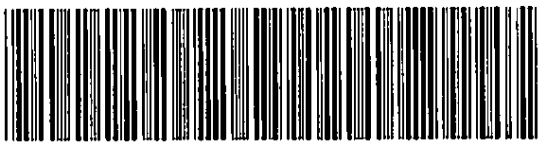
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600337308256

11/01/19--01003--011 **125.00

FILED
2019 NOV -1 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

N CULLIGAN
NOV 2 9 2019

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: BMMJS ENTERTAINMENT MEDIA, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD CAMP
Name of Person

RICHARD CAMP CPA, PA
Firm/Company

6817 SOUTHPOINT PARKWAY, SUITE 2201
Address

JACKSONVILLE, FL 32216
City/State and Zip Code

RICHARDCTAX@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD CAMP at (904) 281-9924
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

BMMJS ENTERTAINMENT MEDIA, 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:**
2919 SANDY BRANCH LANE	2919 SANDY BRANCH LANE
JACKSONVILLE, FL 32257	JACKSONVILLE, FL 32257

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:

RICHARD CAMP
Name

6817 SOUTHPOINT PARKWAY, SUITE 2201
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE	FL	32216
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)

FILED
2019 NOV -1 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	BERNARD KATZMAN 2919 SANDY BRANCH LANE JACKSONVILLE, FL 32257
MGR	MINDY KATZMAN 2919 SANDY BRANCH LANE JACKSONVILLE, FL 32257

FILED
2018 NOV -1 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

(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:

Bernard Katzman Oct 25, 2018

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.

BERNARD KATZMAN
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)