

LAURA K. MUNSON, CPA
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6381

From:
Account Name : LAURA K. MUNSON, CPA
Account Number : I20190000060
Phone : (863)634-4631
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Email Address: Laura@SimsMunsonCPA.com

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STATE OF FLORIDA
TALLAHASSEE

**FLORIDA LIMITED LIABILITY CO.
BJVJ, LLC**

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BJVI, 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:

Laura K. Sims, CPA
Name of Person
Firm/Company
319 N. Parrott Avenue
Address
Okeechobee, FL 34972
City/State and Zip Code
laura@simsmunsoncpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Sims at (863) 634-4631
Name of Person Area Code Daytime Telephone Number

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BJVJ, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>125 Lavender Ave.</u>	<u>P.O. Box 1204</u>
<u>Lake Placid, FL 33852</u>	<u>Lake Placid, FL 33862-1204</u>

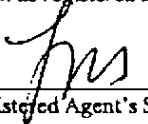
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Laura K. Sims, CPA
Name
319 N. Parrott Ave.
Florida street address (P.O. Box NOT acceptable)
Okkechobee, FL 34972
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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Bernard J. Valentic, Jr.
P.O. Box 1204
Lake Placid, FL 33862-1204

(Use attachment if necessary)

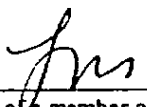
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Laura Sims

Typed or printed name of signer

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