200 0001 2336

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(exp. extendig.
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer

Office Use Only



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01/21/20--01026--001 **155.00

COVER LETTER

TO:	New Filing Se Division of Co						
SUBJEC	···. 2	36P	CON STR	UCTIO	N LL	. C	
SUBJEC	CT: BGP CON STRUCTION LLC Name of Limited Liability Company						
The encl	osed Articles o	of Organizatio	on and fee(s) are	submitted t	or filing.		
Please re	turn all corres	pondence cor	neerning this mut	ter to the fo	llowing:		
		208	GEG P	ATTER S	_ \vic		
				Name of I	erson		
	-			Firm/Con	npany	•	
		7	'25 s.	PARKL	EBERRY	BLV	<i>'</i> D
				Addre	ss		
		Q	uincy,	PL 3	3235/		
			PATTERS	ity/State and FONR 4/	Zip Code	. Con	1
			ress; (to be used				
For furthe	r information o	concerning th	is matter, please	eall:			
	Posser	PATTER	<u>√2</u> 1	350	, 284-	2484	
	Ni	ime of Persor	n Ai	rea Code	Daytime Tele	ephone N	lumber
Enclose	d is a check for	r the followin	ng amount:	,			
□\$125	.00 Filing Fee		00 Filing Fee & ate of Status	Certific	i.00 Filing Fee of Copy of Copy is enclosed copy is enclosed	sed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	<u>Mai</u>	ling Address			Street Address	ton Dist	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
	86P CONSTE	uction LL	C		
(Must conati	in the words "Limited Liability C				
ARTICLE II - Address: The mailing address and street add	dress of the principal office of th	e Limited Liability Co	mpany is:		
Principal Principal	l Office Address:	<u>M</u>	lailing A	ddress:	
725 SPAK	EXIEBERRY BLVD	P.O. 8	Box	1352	
Quintry, F	EXIEBERRY BLVD	Quinc	1/1	32353	
(The Limited Liability Company of another business entity with an ac The name and the Florida street ac	rtive Florida registration.) ddress of the registered agent ar	·:		i individual or	
	Name	7417 CF 70		_	
	Robbell F Name 725 SPAL	KLEBERRY B	RLVD		
		A f Y Louis and about		_	
	QUINCY F	ž 3	235	<u>/</u>	
	City Sta	ite Zip	p		
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obl	I hereby accept the appointment ovisions of all statutes relating to ligations of my position as register with the last of the Registered Age	as registered agent and the proper and comple	l agree to te perforn for in Cha	act in this capacity nance of my duties, pter 605, F.S	1

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	0 0 -1 - 0
MGR	POSSET PATTERSON
	725 SPARKLEBERRY BLVD
	Quincy, FL 3235/
	,
(Use attachment if necessary)	, 1
TLE V: Effective date, if other than the	1/2/2020
TLE V: Effective date, if other than the	date of filing: 1/2//2020 (OPTIONAL)
effective date is listed, the date must b	e specific and cannot be more than five business days prior to or 90 days
e of filing.)	the state of the s
If the date inserted in this block does i	not meet the applicable statutory filing requirements, this date will not be li
cument's effective date on the Departm	ient of State's records.
CLE VI: Other provisions, if any,	
/	

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.

PO 86R9 PATTER SON
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)