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(Requestor's Name)
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PICK-UP WAIT MAIL
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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: 02/24/2020	
Name: Chris Vick	
Reference #:	
Entity Name: BNMIP1, LLC	_
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other CERTIFIED COPY & CERTIFICATE OF STATUS UPON FILING	25
	15.0 Self-10.0
Authorized Amount:	
Signature:	T.

F: +852.2682.9790

COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	BNMIP1, LLC			
30.50		Limited Liabi	lity Company	
The end	closed Articles of Organization and fee(s)	are submitted	l for filing.	
Please	return all correspondence concerning this	matter to the	following:	
	Patrick A. McGeency			
		Name of	Person	
	BNMIPI, LLC			
		Firm/Co	mpany	
	3300 S. Dixie Hwy., Suite 1-778			
		Addı	ess	
	West Palm Beach, FL 33405			
	patrick@monkeyinparadise.com	City/State an	d Zip Code	
	E-mail address: (to be us	ed for future a	unual report notificat	ion)
For furthe	er information concerning this matter, ple	ase call:		
	Douglas M. Berman	214	562-7069	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclose	d is a check for the following amount:			
□\$125	.00 Filing Fee	Certifi	5.00 Filing Fec & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section Di The Centre of Tallaha	
	P.O. Box 6327		2415 N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 FEB 24 PM 12: 35

A	ĸ	T	C	I	F.	1	_	Na	me	,

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

(Must conatin the words "Limited Liab	oility Company, "I	L.L.C.," or "Ll.C.")
	, ,	
ARTICLE II - Address:		
The mailing address and street address of the principal office	of the Limited L	iability Company is:
Principal Office Address:		Mailing Address:
3300 S. Dixie Hwy	3300 S	S. Dixie Hwy
Suite 1-778	Suite 1	1-778
W D 1 D 1 Pr 23406		
The Limited Liability Company cannot serve as its own Reg	egistered Agent'	Palm Beach, FL 33405 S Signature: bu must designate an individual or
ARTICLE III - Registered Agent, Registered Office, & R The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	egistered Agent'	's Signature:
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.) The name and the Florida street address of the registered age Patrick A. McGeeney	egistered Agent'	's Signature:
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.) The name and the Florida street address of the registered age Patrick A. McGeeney	egistered Agent'	's Signature:
ARTICLE III - Registered Agent, Registered Office, & R The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered age Patrick A. McGeeney	degistered Agent's pistered Agent. You have a seen are:	's Signature:
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.) The name and the Florida street address of the registered age Patrick A. McGeeney Na	egistered Agent' gistered Agent. Yo ent are:	s Signature: ou must designate an individual or
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered age Patrick A. McGeeney Na 3300 S. Dixie Hwy	egistered Agent' gistered Agent. Yo ent are:	s Signature: ou must designate an individual or

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

<u> Title:</u>		Name and Address:	
"AMBR" = Autho			
"MGR" = Manage	er		
<u>MG</u> R		Nikhil Bahadur	
		3300 S. Dixie Hwy., Suite 1-778	
		West Palm Beach, FL 33405	_ ₅ ~
			2020 F
			≥× ¬
MGR		Thomas J. Flocco	
		3300 S. Dixie Hwy., Suite 1-778 West Palm Beach, FL 33405	
		West Fallit Beach, FL 33403	24 PMI
			50 m
MGR		Patrick A. McGeeney	음 음 음
		3300 S. Dixic Hwy., Suite 1-7/8	市場 万
		West Palm Beach, FL 33405	12: 35 至平 至平
			PM 12: 35 OF STAT SSEEJ FL
MGR		U. it n ' t	וח
MUK		Howard L. Parris, Jr.	
		3300 S. Dixie Hwy., Suite 1-778 West Palm Beach, FL 33405	
		77 OST 1 GHILL 19 CACH, 1 E. 33703	
(If an effective date is listed the date of filing.)	d, the date must be speci n this block does not me	of filing:	•
ARTICLE VI: Other provis	ions, if any.		
			
REQUIRED SIG	NATURE:		
	Delail (a. grandamen	
	Signature of a service	-c. posterior	_
B 1	is document is executed im aware that any false in	ther or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of Stat elony as provided for in s.817.155, F.S.	i. e
	Patrick A. McGeene	Typed or printed name of signee	
		r speci or printed name or 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)