L20000101658

(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



000343556440

SECRETARY OF STATE

177 - 17 3:54 278 APR 22 FJ 3:54

N CULTS APR 2 3 AM

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 266411 7106942
AUTHORIZATION :
COST LIMIT: \$155.00
ORDER DATE : April 20, 2020
ORDER TIME : 3:23 PM
ORDER NO. : 266411-005
CUSTOMER NO: 7106942
DOMESTIC FILING
NAME: JOH BSF LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Robinson - EXT.
EXAMINER'S INITIALS:

COVER LETTER

eun inen	Joh BSF L	.I.C			
SUBJECT	·	Nam	e of Limited Lia	bility Company	 _
The enclose	ed Articles of	Organization and f	ee(s) are submit	ted for filing.	
Please retur	n all corresp	ondence concerning	this matter to th	e following:	
	Yongkeun J	oh			
			Name	of Person	
			Firm/	Company	
	Unit 1704 S	eaglass Condomini	um, 4971 Bonita	Bay Boulevard	
	-		Ac	Idress	
	Bonita Sprit	igs, Florida 34134			
	ahall@aama	agt mat	City/State	and Zip Code	*
<u> </u>	ohsfl@come		be used for futur	e annual report notifica	tion)
For further in		oncerning this matter			,
	Donald Katz	. Esq.	908 at (227-9239	
-	Nan	ne of Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for t	he following amoun	nt.		
□\$125.00		□\$130.00 Filing Certificate of Sta	g Fee & Satus Cer	155.00 Filing Fee & ified Copy onal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	New F Divisio P.O. B	ng Address Filing Section on of Corporations fox 6327 assee, FL 32314		Street Address New Filing Section E The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	nassee cet, Suite 81 0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Joh BSF LLC				
(Must conati	in the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal office of	of the Limited Liability Company is:		
<u>Principa</u>	Office Address:	Mailing Address:		
Unit 1704 Seaglass Condominium		Unit 1704 Seaglass Condominium		
4971 Bonita Bay Boul	evard	4971 Bonita Bay Boulevard		
Bonita Springs, Florida 34134		Bonita Springs, Florida 34134		
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:				
	Yongkeun Joh		ĨŽ,	
	Nan	ne	AHASS	
Unit 1704 Seaglass Condominium, 4971 Bonita Bay Blvd.			OF S	
	Florida street address (P.O	Box NOT acceptable)	STA	

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..

State

Bonita Springs

City

Registered Agent's Signature (REQUIRED)

34134

Zip

(CONTINUED)

2020 APR 22 AM C.

A	RI	11	11	F.	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	
AMBR	Yongkeun Joh Unit 1704 Seaglass Condominium, 4971 Bonita Bay Blvd. Bonita Springs, Florida 34134
AMBR	Sun P. Joh Unit 1704 Seaglass Condominium, 4971 Bonita Bay Blvd. Bonita Springs, Florida 34134
	LAHASSEE
f an effective date is listed, the date muse date of filing.)	the date of filing: Date of Filing (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after ses not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.
This document i	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.
Yongkeur	n Joh, Member 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)