## L20000137256

	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:				
		:			

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

BG Capital Development, LLC SUBJECT: 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:

	J. Kelly Bloomer						
	Name of Person						
	Bloomer Group, LLC						
		Firm/Co	этрапу				
	11181 Osprey Lake Lane						
		Addr	ress				
	Palm Beach Gardens, FL 33	3412					
	kcl@bloomer.us	City/State an	d Zip Code				
	E-mail address:	(to be used for future a	nnual report notifica	tion)			
For further i	oformation concerning this m	atter, please call:					
	Michael L Glaser	303 at (	757-1600				
	Name of Person	Area Code	Daytime Telephor	ne Nuniber			
Enclosed is	a check for the following and	ount:					
□\$125.00	Filing Fee S130.00 Fi	Status Certific	5.00 Filing Fee & cd Copy al 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTIC	LE I - Name:				
The nar	ne of the Limited Liabil	ity Company is:			
		, ,			
	BG Capital Develor				
	(Must con	tain the words "Limited Li	ability Comp	iny, "L.L.C.," or "LLC.")	
ARTIC	LE II - Address:				
		eddraee of the maining 1			
	ing address and street a	ddress of the principal offi	ce of the Lin	ited Liability Company is:	
	Princip	al Office Address:		Molling Addus	
				Mailing Address:	
11181 Osprey Lake Lane			11181 Osprev Lake Lane		
	Palm Beach Garden:	s, FL 33412		Palm Beach Gardens, FL 33412	
	<del></del>				
ARTIC	E III - Registered Ag	ent, Registered Office, &	Registered A	gent's Signature:	
( ruc mu	nied Liability Company	cannot serve as its own Re	egistered Age	nt. You must designate an individual	or
anoiner	business entity with an	active Florida registration.)			
The nam	c and the Florida street	address of the registered as			
	- and the Promate Street	address of the registered ag	gent are:		
		J. Kelly Bloomer			
		1	ame	<del></del>	
		11181 Osprev Lake Lar	ie		
		Florida street address (I	O. Box NO	L'acceptable)	
		`			
				•	
		Palm Beach Gardens City	FL	33412	

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)

2020 HAY 18 PM 4: 14

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 <u>AMBR</u> J. Kelly Bloomer 11181 Osprev Lake Lane Palm Beach Gardens, FL 33412 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: May 8, 2020 \_. (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. None 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. J Kelly Bloomer 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)