

L20000138233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

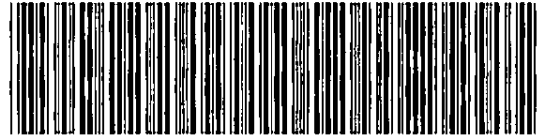
Certified Copies _____ Certificates of Status _____

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Office Use Only

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MAY 28 2020



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MAY 28 PM 6:33
TALLAHASSEE
FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2020

ALICE MCDUFFIE
18165 NW 184TH DR
OKEECHOBEE, FL 34972

SUBJECT: B.M.T. LLC
Ref. Number: W20000018120

We have received your document for B.M.T. LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II

Letter Number: 220A00003799

2020 MAY 28 PM 12:24

Document Number W20000018120

COVER LETTER

TO: New Filing Section
Division of CorporationsSUBJECT: BMT Ranch "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:

Alice McDuffie

Name of Person

BMT Ranch "LLC"

Firm/Company

18165 N.W. 184th DR

Address

OKeechobee, FL 34972

City/State and Zip Code

amcduffie112@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice McDuffie (813) 763-2285

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: Copy of check already sent

[\$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$160.00 Filing Fee
Certificate of Status &
Certified Copy
(additional copy is enclosed)Mailing AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 800
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BMT Ranch, "LLC"
(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

18165 N.W. 184TH DR
OKeechabee, FL 34972

18165 N.W. 184TH DR
OKeechabee, FL 34972

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:

Alice McDuffie
Name:
18165 N.W. 184TH DR
Florida street address (P.O. Box **NOT** acceptable)
OKeechabee, FL 34972
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company, and the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Alice McDuffie
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 MAY 28 PM 6:33
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

List:

'AMBR' = Authorized Member

'MR' = Manager

Name and Address:

AMBRAlice McDuffie
18145 N.W. 18th Dr
Okeechobee, FL 34972AMBRAlta Lee Baskin
18516 N.W. 18th Dr
Okeechobee, FLAMBRJudy Ann LaFlam
18915 NW 17th Ave
Okeechobee, FL 34972AMBRBrenda Arnold
18776 NW 18th Dr
Okeechobee, FL 34972

(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:**Alice McDuffie

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.Alice McDuffie
Typed or printed name of signer**Filing Fees:**

- \$10.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 3.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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FILED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL

ARTICLE IV-

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

MEM:

"MEMBER" = Authorized Member

"MGR" = Manager

Name and Address:

MEMBER

Elabby LARIER

1500 Blossom Ln.

Orlando, FL 32857

(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 the filing date.

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:

Alice McDuffie

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.024(2)(b), Florida
I am aware that any false information submitted in a document to the Department
constitutes a third degree felony as provided for in s.817.155, F.S.

Alice McDuffie

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$35.00 Certified Copy (Optional)
- \$100.00 Certificate of Status (Optional)

2020 MAY 28 PM 6:33
FILED
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED