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Derrick Thompson

COVER LETTER

	w ruing sec vision of Coi		·					
	125 El Bra	avo Ventures, LLC						
SUBJECT: Name of Limited Liability Company								
The enclose	d Anicles of	Organization and fee(s) a	re submitted	for filing.				
Please retur	n all correspo	ondence concerning this m	atter to the fo	ollowing:				
	Braden Smi	th						
		<u> </u>	Name of	Person				
	BGS Develo	opment, LLC						
	Firm/Company							
	340 Royal Poinciana Way STE 328 PO 327							
		Address						
	Palm Beach	/Florida 33480						
	bgsmith@bg	sdevelopment.com	City/State and	Zip Code				
_	F	E-mail address: (to be used	d for future ar	nual report notificat	ion)			
For further in	formation co	ncerning this matter, pleas	se call:					
	Braden Smit	h	847	736-2735				
-	Nam		Area Code	Daytime Telephon				
				22,	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Enclosed is	a check for th	ne following amount:						
□\$125.00 Filing Fee		X\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
				Street Address New Filing Section Di	ivísion			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

125 El Bravo Venta				
(Must co	ontain the words "Limited L	Liability Company, "L.	L.C.," or "LLC.")	
TICLE II - Address:				
mailing address and stree	t address of the principal of	fice of the Limited Lia	ability Company is:	
<u>Princ</u>	Principal Office Address:		Mailing Address:	
3662 Voaro Way, W	3662 Voaro Way, West Palm Beach, FL 33405		340 Royal Poinciana Way STE 328 PO 327	
			Palm Beach, FL 33480	
	Agent, Registered Office, &	& Registered Agent's		
e Limited Liability Compa ther business entity with a		& Registered Agent's Registered Agent. Youn.) agent are:		
e Limited Liability Compa ther business entity with a	any cannot serve as its own an active Florida registration eet address of the registered	& Registered Agent's Registered Agent. You n.) agent are:		
e Limited Liability Compa ther business entity with a	any cannot serve as its own an active Florida registration eet address of the registered	& Registered Agent's Registered Agent. Youn.) agent are:		
e Limited Liability Compa ther business entity with a	any cannot serve as its own an active Florida registration eet address of the registered BGS Development, LL. 3662 Voaro Way	& Registered Agent's Registered Agent. Youn.) agent are:	u must designate an individual or	
e Limited Liability Compa ther business entity with a	any cannot serve as its own an active Florida registration eet address of the registered BGS Development, LL. 3662 Voaro Way	& Registered Agent's Registered Agent. You n.) agent are: C Name	u must designate an individual o	

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)

ARTICLE IV-

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

Title:		Name and Address:
	horized Member	
"MGR" = Mana	iger	
MGR		BGS Development, LLC
		340 Royal Poinciana Way STE 328 PO 327 Palm Besich, FL 33480
		Falli Beach, F1330-169
,		
		· · · · · · · · · · · · · · · · · · ·
(Use attachmen		
RTICLE V: Effective of	date, if other than the date	of filing: (OPTIONAL)
		ecific and cannot be more than five business days prior to or 90 days after
re date of filing.)		
		neet the applicable statutory filing requirements, this date will not be listed as
ne document's effective	date on the Department of	of State's records.
DTICLE VI. Od.		
RTICLE VI: Other pro	visions, if any.	
	···	
REQUIREDS	IGNATURE: 🧳	\sim \sim
TLO CIRLLO	idivatore.	
	J?	
-	Signature of a me	mber or an authorized representative of a member.
		ed in accordance with section 605.0203 (1) (b), Florida Statutes.
		information submitted in a document to the Department of State
	constitutes a third degree	felony as provided for in s.817.155, F.S.
		
	Braden Smith	m l
		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)