

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845) 425-0077

Fax Number : (845) 818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

BAL Ventures, LLC

Certificate of Status	U
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

J. FASON

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AUG 1 1 2020

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Corporate Filing Menu

8/10/2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
·	
BAL Ventures, LLC (Must contain the words "Limited Liabilit	y Company, "LitaCa" or "LitaCa")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9701 Collins Avenue, Apt. 901-8	9701 Collins Avenue, Apr. 901-S
Bal Harbour, FL 33154	Bal Harbour, FL 33154
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Linbility Company cannot serve as its own Regist another business entity with an active Florida registration.)	istered Agent's Signature: ered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
Andrew G. Lowinger	
Num	e

 9701 Coilins Avenue, Apt. 901-S

 Florida street address (P.O. Box NOT acceptable)

 Bal Harbour
 FL
 33154

 City
 State
 Zip

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stiputes 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.K.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 AUG 10 PM 1:45

(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (ICLE VI: Effective date, if other than the date of filing:	<u>Title:</u>	Name and Address:	
AMBR Andrew G. Lowinger 9701 Callins Avenue. Apt. 901-S Bil Harbson. Pl. 33154 COPTIONAL) 1 reflective date in list block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. REQUIRED SIGNATURE: REQUIRED SIGNATURE: REQUIRED SIGNATURE: Signature of a member or applithorized representative of a member. This document is excented in acceptance 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. Andrew G. Lowinger Typed or printed name of signee Filips Fees: 3.0.00 Certified Copy (Optional)	"AMBR" - Authorized Member		
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