L20000237645

(Requestor's Name)
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PICK-UP WAIT MAIL
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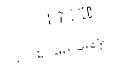


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 390491 8276196
AUTHORIZATION: Squelle Man
COST LIMIT : \$ 125.00
ORDER DATE : August 13, 2020
ORDER TIME : 10:26 AM
ORDER NO. : 390491-005
CUSTOMER NO: 8276196
DOMESTIC FILING
NAME: BBVAS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson - EXT. 62980
EXAMINER'S INITIALS:

COVER LETTER

	COVER LETTER
	ew Filing Section ivision of Corporations
SUBJECT	BBVAS, LLC
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Name of Person
	Brown & Brown Inc.
	Firm/Company
	220 S. Ridgewood Ave
	Address Daytona Beach, FL, 32114
	City/State and Zip Code klis@bbins.com
For further in	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:
	Kalan Lis 386 239-8862
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□\$125.00	Filing Fee Status Certified Copy Certificate of Status Conditional copy is enclosed Certificate 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

BBVAS, LLC				
(Musi cona	tin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street ac	dress of the principal	office of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
220 S. Ridgewood A	ve	220 :	220 S. Ridgewood Ave	
Davtona Beach, FL.,	32114		ona Beach, FL, 32114	- -
another business entity with an a	ictive Florida registrati	ien.)	ou must designate an individual or	
another business entity with an a	etive Florida registration of the register of the register of the Corporation Service 1201 Hays Street	ion.) ed agent are: e Company Name		
another business entity with an a	ctive Florida registration of the register of	ion.) :d agent are: : Company		
another business entity with an a	ctive Florida registration of the register of	ion.) ed agent are: e Company Name ss (P.O. Box <u>NOT</u> ac	ceptable)	
The name and the Florida street a	ctive Florida registration of the register of	ion.) ed agent are: e Company Name ss (P.O. Box NOT ac F1, State	ceptable)	

(CONTINUED)



Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR J. Scott Penny 220 S. Ridgewood Ave, Daytona Beach, FL 32114 <u>AMBR</u> Brown & Brown, Inc. 220 S. Ridgewood Ave, Daytona Beach, FL 32114 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____. (OP FIONAL) (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: 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 \$.817.155, F.S. Anthony M. Robinson Secretary 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)

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

ARTICLE IV-