

L200000277 863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

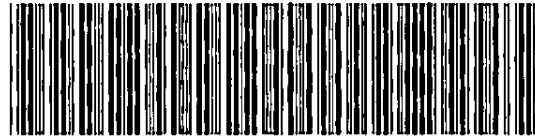
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 24 PM 3:53
STATE
TALLAHASSEE, FL

JOSEPH R. PARK[®]
MARK A. OSSIAN[®]
J. BRENT BARNAKY
MICHAEL J. PARK[®]
MARIA A. BARNAKY

• BOARD CERTIFIED IN CIVIL TRIAL
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• CERTIFIED FAMILY MEDIATOR
• CERTIFIED PUBLIC ACCOUNTANT
• BOARD CERTIFIED IN APPELLATE PRACTICE

PARK, OSSIAN, BARNAKY & PARK, P.A.

TRIAL AND APPELLATE ATTORNEYS

PLEASE REPLY TO:
P.O. Box 5088
CLEARWATER, FLORIDA 33758

PHONE : (727) 726-3777
FAX : (727) 797-6463
www.parklawgroup.com

August 21, 2020

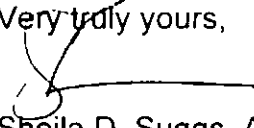
New Filing Section
P.O. Box 6327
Tallahassee, FL 32314

Re: BLWB, LLC

Dear Sir or Madam:

Enclosed please find my firm's check No.: 73037 in the amount of \$130.00, for the initial filing of the BLWB, LLC of \$125.00 plus \$5.00 for Certification of Status. Please forward the Certificate of Status to the above-referenced to me at your earliest convenience.

Very truly yours,


Sheila D. Suggs, Assistant to
J. Brent Barnaky, Esquire

JBB/sds

2020 AUG 21 PM 3:53
STATE
CLEAR, FL

COVER LETTER

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

SUBJECT: BLWB, 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:

Brooks McRee

Name of Person

Firm/Company

2217 Grovewood Road

Address

Clearwater, Florida 33764-4925

City/State and Zip Code

bwmcree55@gmail.com

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

For further information concerning this matter, please call:

Brooks McRee

727

712-9233

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 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

2020 JUN 24 PM 3:53
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLWB, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2217 Grovewood Road
Clearwater, Florida 33764-4925

Mailing Address:

2217 Grovewood Road
Clearwater, Florida 33764-4925

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:

Brooks McRee

Name

2217 Grovewood Road

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

Clearwater

Florida

33764

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, 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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR & MGR

Brooks McRee

2217 Grovewood Road

Clearwater, Florida 33764-4825

(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:



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.

BROOKS W. MCREE

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)

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STATE
TOSSEE, FL