12,100048336

| (Re | questor's Name) | |
|---|---------------------|-------------|
| | | |
| (Ad | (dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | ty/State/Zip/Phone | |
| (Cil | .y/State/Zip/Filone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nam | e) |
| | | |
| (Dr | ocument Number) | |
| (50 | ,ourname (turnou) | |
| • | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| • | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400347394704

07/07/20--01011--004 ++160.00

WASSLE LINE AND SON OF THE PROPERTY OF THE PRO



September 19, 2020

ASHALEE WHELAN 359 SHAKER RUN ALBANY, NY 12205

SUBJECT: BANGTAN LLC Ref. Number: W20000107592

We have received your document for BANGTAN LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Derrick Thompson Regulatory Specialist II

Letter Number: 120A00017915

1020 HOY -9 AM II: 54

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|---|-------|
| SUBJECT: Bangtan 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: | ک |
| Please return all correspondence concerning this matter to the following: | 1 |
| 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: Anchalee Whelan Name of Person | |
| Name of Person | 3 |
| • | |
| Firm/Company | |
| 709 (11-D. | |
| | |
| All | |
| BTS Rentals Albany agail. com E-mail address: (to be used for future annual report notification) | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| or further information concerning this matter, please call: | |
| or turner into tradition concerning this matter, prease can. | |
| Anchalee Whelan at Si8, 495-9769 | |
| Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| □\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) | |
| Mailing Address Street Address | |

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

| ARTICLE 1 - Name: The name of the Limited Liability Company is: | | | | |
|---|--|---------------------------------------|--------------|-----|
| Bangt | an LLC | 61 1 (2 2 - 01 1 (2 W) | | |
| (Must contain the Words | Limited Liability Com | pany, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of the pr | rincipal office of the Li | mited Liability Company is: | | |
| Principal Office Addr | ress: | Mailing Address: | | |
| 7521 NE 3,1 (a Miani, FL 331 ARTICLE III - Registered Agent, Registered | | | 2020 | |
| (The Limited Liability Company cannot serve a another business entity with an active Florida re | | gent. You must designate an individuz | 全 9 | |
| The name and the Florida street address of the r | registered agent are: | | 0 557 100 | , 7 |
| Ben | Jamin R. T. | Jacohi, Esq. | AM 10: 42 | !] |
| | NE 125 th ret address (P.O. Box N | Street # 200 _ OT acceptable) | \$ 5 | |
| <u>N. M.</u> | iami FL | 33/61 | | |

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..

State

City

Registered Agent' Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

| Title: "AMBR" = Authoriz | Name and Address: |
|--|--|
| "MGR" = Manager AMBR | Anchalf Melan 359 Shaker Run Alberty NY 12205 |
| AMBR | Michael Wholan 4985 Twin Lakes Rd. Unit 93 00 10 Boller, CO 80301 |
| | 27 2 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| (If an effective date is listed, I the date of filing.) | if other than the date of filing: the date must be specific and cannot be more than five business days prior to or 90 days afthis block does not meet the applicable statutory filing requirements, this date will not be liste |
| | e on the Department of State's records. |
| I am | Signature of a member or an authorized representative of a member. s document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. a ware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s.817.155, F.S. Michael Whelan Typed or printed name of signee |

as

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)