rida Department o

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000381841 3)))



H210003818413ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)444-4977

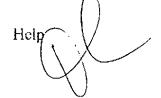
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema	i 1	Address	•
		Marai C23	٠

FLORIDA LIMITED LIABILITY CO. **B&B WITH ME LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

B&B WITH ME LLO			
(Must conti	ain the words "Limited Liabilit	y Company, "L.IC.," or "LI.C.")	
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal office of	f the Limited Liability Company is:	
Princip:	al Office Address:	Mailing Address:	
22119 BOCA PLACI	E DRIVE # 318	22119 BOCA PLACE DRIVE # 318	
BOCA RATON, FL	33433	BOCA RATON, FL 33433	
ARTICLE III - Registered Age		istered Agent's Signature: ered Agent. You must designate an individual or	~
another business entity with an a		ered Agent. 10th hust designate an individual of	2021
The name and the Florida street	uddense of the registered norms		33
	address of the registered agents	mc	{
THE MAIN WING WIP T TOTAL STORE			
The lattice and the Fibrida Japan	CALI MILLER		ယ
. NO IEEE CALL TO A IO A	CALI MILLER Name		>-
			<u>></u> ∴K
	Name	VE # 318	>-

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..

City

Registered Agent's Signature (REQUIRED)

State

Zip

(CONTINUED)

Page: 4 of 4

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	DARIUS HAKHEM BROOKS 22119 BOCA PLACE DRIVE # 318 BOCA RATON, FL 33433	
AMBR	CALI MILLER 22119 BOCA PLACE DRIVE # 318 BOCA RATON, FL 33433	_
		2021 OC:
(Use attachment if necessary)		
effective date is listed, the date must be s te of filing.)	the of filing: (OPTIONALE) specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will not of State's records.	
CLE VI: Other provisions, if any.	no o base o toodas.	
REQUIRED SIGNATURE:		

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

CALLMILLER