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SECRETARY OF STATE
TALLAHASSEE, FL

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PRIDECTS PHIS.

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 330388 4719707 AUTHORIZATION : / \$ 155.00 COST LIMIT : ORDER DATE: December 14, 2021 ORDER TIME : 8:47 AM ORDER NO. : 330388-015 CUSTOMER NO: 4719707

DOMESTIC FILING

NAME: BGNS MANAGEMENT, LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX	ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX.	CERTIFIED COPY PLAIN STAMPED COPY
	CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Alexxis Weiland - EXT.
	FYAMTMED'S THITTALS.

COVER LETTER

Division of Corporations		
BGNS Management, LLC SUBJECT:		
Name o	f Limited Liability Company	
The enclosed Articles of Organization and feet	(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Nora Jackson		
	Name of Person	
Polsinelli PC		
- 	Firm/Company	· -
900 W 48th Place, Suite 900		
	Address	
Kansas City, MO 64112		
nsar@guaranteedclaimfunding.com	City/State and Zip Code	
	used for future annual report notificat	ion)
For further information concerning this matter, p	lease call:	
Nora Jackson	816 360.4154	
Name of Person	Area Code Daytime Telephon	e Number
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Statu		☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre	assec

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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SECRETARY OF STATE FALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

BGNS Management, LLC

(Must conatin 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:

<u>Principal</u>	Office Address:		Mailing Address:
1000 Brickell Ave,	Ste 715		
DPT# 30044			
Miami, FL 33131			
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its owr tive Florida registratio	n Registered Agent. (on.)	You must designate an individual or
	Chanes Cray	Name	
	1000 Brickell Ave	e, Ste 715, DPT# 30	0044
	Florida street addres	s (P.O. Box <u>NOT</u> a	eceptable)
	Miami, FL 33131		
	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)

A	D	TI	CI	I,	IV_{-}

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

"MGR" = Manager MGR MGR MGR Bill Gray 1000 Brickell Ave, Ste 715, DPT# 30044 —Miami, FL 33131 MGR Bill Gray 1000 Brickell Ave. Ste 715, DPT# 30044 —Miami, FL 33131 CFC FIGURE 1 30044 —Miami, FL 33131 CFC FIGURE 2 31311 CFC FIGURE 3 3131 CFC FIGURE 3 31311 CFC FIGURE 3 30044 CFC F				
MGR Nathalie Sar 1000 Brickell Ave, Ste 715, DPT# 30044	"A10 iR" = A1ai			
1000 Brickell Ave, Ste 715, DPT# 30044 Miami, FL 33131 Miami		iager		
MGR Bill Gray 1000 Brickell Ave, Ste 715, DPT# 30044 Mismi, FL 33131 Mismi	MGR			
(Use attachment if necessary) CLEV: Effective date, if other than the date of filing: (Use attachment if necessary) CLEV: Effective date, if other than the date of filing: (OPTIONAL) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list the date on the Department of State's records. CLEV: Other provisions, if any. REOURED 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. Andrew Geha Typed or printed name of signee Filing Fees:				
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