

122000020467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

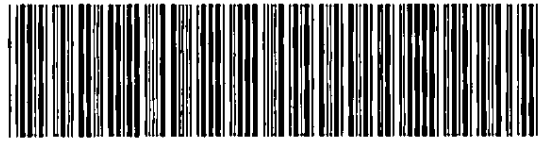
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100367139551

01/20/22--01006--001 **160.00

RECEIVED
2022 JAN 20 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLOR.

2022 JAN 20 PM 9:56

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BS ENTERPRISES OF JAX BEACH, 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:

MICHAEL BROWN
Name of Person

BS ENTERPRISES OF JAX BEACH LLC
Firm/Company

800 Sherry drive
Address

Atlantic Beach, FL ~~32034~~ 32233
City/State and Zip Code

mikebrown32034@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Brown at (904) 206 1161
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BS Enterprises of Jax Beach, 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:

Mailing Address:

800 Sherry Drive
Atlantic Beach, FL 32233

800 Sherry Drive
Atlantic Beach, FL 32233

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:

Michael Brown
Name
2664 Gregor McGregor Blvd
Florida street address (P.O. Box ~~NOT~~ acceptable)
Fernandina Beach, FL 32034
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)

700,000 20 10 9:55

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:

MGR

Michael Brown
2664 Gregor McGregor Blvd
Fernandina Beach, FL 32034

MGR

Nicole Brown
2664 Gregor McGregor Blvd
Fernandina Beach, FL 32034

MGR

Ryan Sweet
1057 Magnolia Landing Drive
Atlantic Beach, FL 32233

MGR

Karen Sweet
1057 Magnolia Landing Drive
Atlantic Beach, FL 32233

(Use attachment if necessary)

see attached

ARTICLE V: Effective date, if other than the date of filing: 1.20.2022 (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:

Michael Brown

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.

Michael Brown

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)

MGR

Terry Brown
800 Sherry dr
Atlantic Beach, FL 32233

9:56 9:20 9:44