

L22000158769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

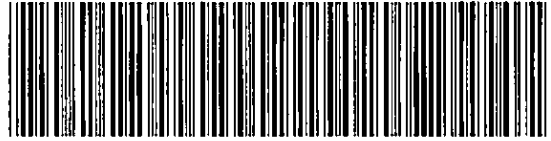
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500384848825

FILED

2022 APR 14 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 APR 14 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

u 4/13/22

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 AMOUNT: 125.00

Authorization Signature: James Full

BM CONCEPT 4400 LLC

BUSINESS NAME

Document #

Walk in _____

 Pick up time

____ Mail out

 Will wait

Photocopy

Certified Copy of Articles of Incorporation

Certificate of Status

NEW FILINGS

Profit

 Not for Profit

 x Limited Liability

Domestication

Other

CORP

OTHER FILINGS

Annual Report

____ Fictitious Name

 APOSTILLE() **Country:**

AMENDMENTS

 Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

Dissolution/Withdrawal

_____ Merger

Conversion

REGISTRATION/QUALIFICATIONS

Foreign filing

____ Limited Partnership

Reinstatement

_____ Other

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: BM CONCEPT 4400 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:

BARBARA AHEARN

Name of Person

Firm/Company

580 VILLAGE BLVD., SUITE 110

Address

WEST PALM BEACH, FL. 33409

City/State and Zip Code

WACaccounting@gmx.com

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

For further information concerning this matter, please call:

BARBARA AHEARN

561

339-6471

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BM CONCEPT 4400 LLC.

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

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TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

114 SE RIO ANGELICA
PORT ST. LUCIE, FL 34984

Mailing Address:

114 SE RIO ANGELICA
PORT ST. LUCIE, FL 34984

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:

BARBARA AHEARN

Name

580 VILLAGE BLVD., SUITE 110

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

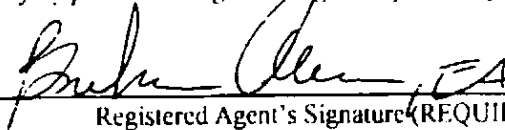
WEST PALM BEACH FL 33409

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:

MGR

KAREN KUTIKOFF
114 SE RIO ANGELICA
PORT ST. LUCIE, FL 34984

MGR

RICHARD DEGEN
720 S. COLORADO BLVD., SUITE 1120N
DENVER, CO 80246

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(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.

BARBARA AHEARN

Typed or printed name of signer

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)