LD2000164411

(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:					





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2022 APT 19 FET 3: 52



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/19/2022	
	Jennifer Bialowas	
Reference #	1651679	
	BC GAWT	HROP STREET LLC
	les of Incorporation/Authorizat	
Ame	ndment	
Char	nge of Agent	
Rein	statement	
Conv	version version	
Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	r	
Authorized A	Amount: 125.00	
Signature: _	An An	

F: +852.2682.9790

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:				i i im	tas in
The name of the Limited Liability	y Company is:			2022 APR 19	AM 10: 0 I
		hrop Street LLC		SECRETARY	de Sigilb
(Must cont	ain the words "Limited Lia	bility Company, "L.I.	C" or "L1.C.")	TALLAHAS	SSEE, FL
ARTICLE II - Address: The mailing address and street a	ddress of the principal offic	ce of the Limited Liab	oility Company is:		
<u>Princip</u>	Principal Office Address:		Mailing Address:		
17510 Gawthrop Dr #107 Bradenton, FL 34211			136 Stonegate Lane Hanover, MA 02339		
The name and the Florida street	COGEN	gent are: ICY GLOBAL IN	IC.		
	115 North C	Calhoun Street, S	Suite 4		
	Florida street address (I				
	Tallahassee	Florida	32301		
	City	State	Zip		
Having been named as registered oblace designated in this certificate, further agree to comply with the praint familiar with and accept the ob-	I hereby accept the appoin ovisions of all statutes relateligations of my position as i	tment as registered ag ting to the proper and	ent and agree to a complete perform ovided for in Chap	et in this capacity. ance of my duties,	1

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager MGR	Brad Chambers 136 Stonegate Lane Hanover, MA 02339			
	2024 APR			
	R 19 AM 10: 01			
(Use attachment if necessary)	Pi o			
date of filing.) ote: If the date inserted in this block does not meet to document's effective date on the Department of StartCLE VI: Other provisions, if any.	c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a late's records.			
REQUIRED SIGNATURE:				
	er or an authorized representative of a member, n accordance with section 605.0203 (1) (b), Florida Statutes.			
I am aware that any false info	ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.			

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)