# 12000179967

| (Red                      | questor's Name)   |           |
|---------------------------|-------------------|-----------|
| . (Add                    | dress)            |           |
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| (City                     | y/State/Zip/Phone | e #)      |
| PICK-UP                   | WAIT              | MAIL      |
| (Bus                      | siness Entity Nan | ne)       |
| (Doc                      | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to F | Filing Officer:   |           |
|                           |                   |           |
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#### FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/27/22

NAME: B-CORE LLC

TYPE OF FILING: ARTICLES

COST: 160.00

RETURN: CERTIFED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Of today

#### **COVER LETTER**

| TO: New Filing So<br>Division of Co |  |  |   |
|-------------------------------------|--|--|---|
| B-CORE SUBJECT:                     | LLC  |  |   |
|                                     | Name of Li                                   | mited Liability Company  | <del></del>   |
| The enclosed Articles o             | f Organization and fee(s) as                 | re submitted for filing.   |   |
| Please return all corresp           | ondence concerning this m                    | atter to the following:  |   |
| <del></del>                         |  | Name of Person   | <del></del>   |
| Florida Filii                       | ng & Search Service, Inc.                    |  |   |
|                                     |  | Firm/Company   |   |
| 155 Office I                        | Plaza Drive, Suite A                         |  |   |
|                                     |  | Address  |   |
| Tallahassee,                        | FL 32301                                     |  |   |
| mbuoncore@                          |  | ity/State and Zip Code   |   |
|                                     | <u></u>                                      | for future annual report notifical                                       | tion)   |
|                                     | ncerning this matter, please                 |  | ,   |
| Michael J. Bo                       | uoncore 63                                   |  |   |
| Nam                                 |  | rea Code Daytime Telephor  |   |
| Enclosed is a check for the         | he following amount:                         |  |   |
| □\$125.00 Filing Fee                | □\$130.00 Filing Fee & Certificate of Status | \$155,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ■\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                                     | g Address                                    | Street Address   |   |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





April 29, 2022

FLORIDA FILING

SUBJECT: B-CORE LLC Ref. Number: W22000055943

We have received your document for B-CORE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nevsa Culligan Regulatory Specialist III

Letter Number: 922A00009973

pleuse keep original file date Thank you!

# FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 APR 27 AM 8: 42

| ARTICLE I - Name:   |   |   | LULL APR   |
|---|---|---|--|
| The name of the Limited Liabi   | lity Company is:                        |   |  |
|   | , |   | \$.301 <u>इ.</u> 73                                    |
|   |   |   | باريا وا   |
| B-CORE LLC  |   |   | <i>7</i>   |
| (Must cor   | tain the words "Limit                   | ed Liability Company                            | y, "L.L.C.," or "LLC.")                                |
| ARTICLE II - Address:   |   |   | <b>,</b>   |
| The mailing address and street  | address of the principa                 | d office of the Limite                          | d Liebility Comment                                    |
|   | , , , , , , , , , , , , , , , , , , ,   | other of the Littlife                           | a Liability Company is:                                |
|   | oal Office Address:                     |   | Mailing Address:                                       |
| 935 Wimbledon Dri   |   | 935   | Wimbledon Drive  |
| Melbourne, FL 3294  | 0                                       |   | bourne, FL 32940                                       |
| <del></del>   |   |   |  |
| ARTICLE III - Registered Ag<br>(The Limited Liability Company<br>another business entity with an<br>The name and the Florida street | active Florida registra                 | vn Registered Agent.<br>lion.)<br>ed agent are: | ut's Signature:<br>You must designate an individual or |
|   | Michael J. Buoncon                      |   |  |
|   |   | Name  | <del>-</del>   |
|   | 935 Wimbledon Dr                        | <u>ive</u>                                      |  |
|   | Florida street addre                    | ess (P.O. Box <u>NOT</u> a                      | cceptable)   |
|   | Melbourne.                              | FL  | _ 32940  |

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| Title: "AMBR" = Authorized Member "MGR" = Manager  | Name and Address:  |
|--|--|
| AMBR   |  |
| TUIDE  | Michael J. Buoncore<br>935 Wimbledon Drive   |
|  | Melbourne, FL 32940  |
|  |  |
| <u> </u>   |  |
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| (Use attachment if necessary)  | ~  |
| EV: Effective date, if other than the date ective date is listed, the date must be spot filing.)   | pecific and cannot be more than five business days prior to or 90  |
| EV: Effective date, if other than the datective date is listed, the date must be spot filing.) The date inserted in this block does not  | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not  |
| EV: Effective date, if other than the date ective date is listed, the date must be spot filing.)   | pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not  |
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| EV: Effective date, if other than the date ective date is listed, the date must be sporffling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  This document is executed and aware that any fals.   | meet the applicable statutory filing requirements, this date will not to of State's records.   |
| EV: Effective date, if other than the date ective date is listed, the date must be sporffling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  This document is executed and aware that any fals.   | meet the applicable statutory filing requirements, this date will not to of State's records.  Member of an authorized representative of a member.  Intel in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.  Michael J. Buoncore  |
| EV: Effective date, if other than the date ective date is listed, the date must be sporffling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  This document is executed and aware that any fals.   | meet the applicable statutory filing requirements, this date will not to of State's records.  Manual |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)