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DATE:

05/3/22

NAME:

B-CORE 3 HOLDINGS LLC

TYPE OF FILING: ARTICLES

COST:

155.00

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AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

TO:	New Filing Section Division of Corporations	
CLIDIE	B-CORE 3 Holdings LLC	
SUBJE		ne of Limited Liability Company
The enc	losed Articles of Organization and fo	fee(s) are submitted for filing.
	cturn all correspondence concerning	•
		Name of Person
	Florida Filing & Search Service,	e, Inc.
		Firm/Company
	155 Office Plaza Drive, Suite A	ı
		Address
	Tallahassee, FL 32301	
		City/State and Zip Code
	mbuoncore@gmail.com	
	E-mail address: (to b	be used for future annual report notification)
For furthe	r information concerning this matter,	r, please cail:
	Michael J. Buoncore	631 553-9148 _at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount	at:
□\$125.0	00 Filing Fee S130.00 Filing Certificate of Stat	Fee & =\$155.00 Filing Fee &
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
	P.O. Box 6327	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 MAY -3 PM 1:09

BELMETORY OF SHATE TALLAHASSEE, FL

B-CORE 3 Holdings 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:
935 Wimbledon Drive	935 Wimbledon Drive
Melbourne, FL 32940	Melbourne, FL 32940
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanter business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

Michael J. Buoncore	<u></u>	
-	Name	
935 Wimbledon Dri	ve	
Florida street addres	ss (P.O. Box NOT a	cceptable)
Melbourne,	FL	32940
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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	
ANDR	Michael J. Buoncore 935 Wimbledon Drive
	Melhourne El 32940
	₩ (C
	سراب
<del></del>	
	•
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must of filing.)  If the date inserted in this block does sment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not be ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.)  f the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Depart LE VI: Other provisions, if any.  REOUTED SIGNATURE:  Signature of This document is eliam aware that any	a member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State.

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