Florida Départment d'State 6287 Division à Corporations Electronic Filling Cove Sacet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087 Phone : (954)389-1333

Fax Number : (954)389-1397

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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FLORIDA LIMITED LIABILITY CO.

BAC 6806 Investments LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

Division of Cor				
BAC 6806 SUBJECT:	Investments LLC			
SUBJECT:	Name of Li	imited Liabilit	ty Company	
The enclosed Articles of	Organization and fee(s) a	re submitted:	for filing.	
Please return all correspo	ondence concerning this n	natter to the fo	ollowing:	
Daniella San	tana			
		Name of	Person	
Salver & Coo	ok LLP			
		Firm/Cor	npany	
2721 Executi	ive Park Drive, Suite 4			
		Addre	ess	
Weston/ Flor	rida 33331			
D.santana@ps		City/State and	Zip Code	
	E-mail address: (to be use	d for future a	nnual report notificati	on)
For further information co	ncerning this matter, plea	se call:		•
Daniella Sant		954	3891333	
Nam			Daytime Telephon	c Number
Enclosed is a check for the	he following amount:			
≣\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifia	i.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed)
New F	ng Address iling Section	j	Street Address New Filing Section Di	
P.O. B	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		et, Suite 810	

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ARTICLE I - Name: The name of the Limited Liability Company is: BAC 6806 Investments 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: 2721 Executive Park Drive, Suite 4 Weston, Florida 33331 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

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

another business entity with an active Florida registration.)

Name

2721 Executive Park Drive, Suite 4

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

Weston PL 33331

City State Zip

2022 AUG 17 AK 10: 48

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 Agelit's Signature (REQUIRED)

(CONTINUED)

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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:
<u>MBR</u>	Jose R. Ferrer del Rio 2721 Executive Park Drive. Suite 4 Weston. Florida 33331
MBR	Hans G. Baumgartner 2721 Executive Park Drive. Suite 4 Weston, Florida 33331
MBR	Jesus E. Altuve 2721 Executive Park Drive. Suite 4 Weston. Florida 33331
(Use attachment if necessary)	ALL MHASS
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after an eet the applicable statutory filing requirements, this date will not be listed as
REQUIRED SIGNATURE:	
This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.
Vanessa Picdis	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)