

**L22000366016**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
BW TECH, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 AUG 22 PM 2:05

FAX  
TOTAL  
\$155.00

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CLARA GIRALDO

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

**BW TECH, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**BW TECH, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**2400 NW 93<sup>RD</sup> AVE STE 306  
DORAL, FL. 33172**

The mailing address shall be:

**2400 NW 93<sup>RD</sup> AVE STE 306  
DORAL, FL. 33172**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**CICERO NUNEZ DA SILVA**

**2400 NW 93<sup>RD</sup> AVE STE 306  
Florida Street address (P.O.BOX NOT acceptable)  
DORAL, FL. 33172  
City, State, and Zip**

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IN THE OFFICE OF THE  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

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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

#### ARTICLE IV - MANAGEMENT

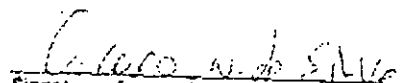
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

CICERO NUNES DA SILVA  
2400 NW 93<sup>RD</sup> AVE STE 306  
DORAL, FL. 33172

AMBR

CLAITON DA SILVA OLIVEIRA  
2400 NW 93<sup>RD</sup> AVE STE 306  
DORAL, FL. 33172

MANAGER

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an attestation under the penalties of perjury that the facts stated herein are true.)

CICERO NUNES DA SILVA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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