

L22000497134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

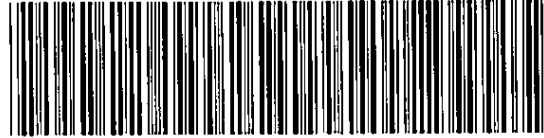
(Business Entity Name)

(Document Number)

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Office Use Only



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S. CHATHAM
NOV 29 2022

11/29/22--01002--010 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 NOV 29 PM 3:26

RECEIVED
2022 NOV 28 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BALIC LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LICETH PINO SATIZABAL

Name of Person

INTERNATIONAL GRUPO MEYER LLC

Firm/Company

3001 ALOMA AVE STE 112

Address

WINTER PARK FL 32792

City/State and Zip Code

GRUPOMEYER@AIM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MILLER MORALES

at (407) 9277055

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

(Return copy
to BARBARA H
COLEMAN)

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BALIC 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:

15157 BROOK CLUB RD WINTER GARDEN F

FL. 34787

Mailing Address:

15157 BROOK CLUB RD WINTER GARDEN

FL. 34787

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 another business entity with an active Florida registration.)

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

INTERNATIONAL GRUPO MEYER LLC

Name

3001 ALOMA AVE SUITE 112

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

WINTER PARK

FL

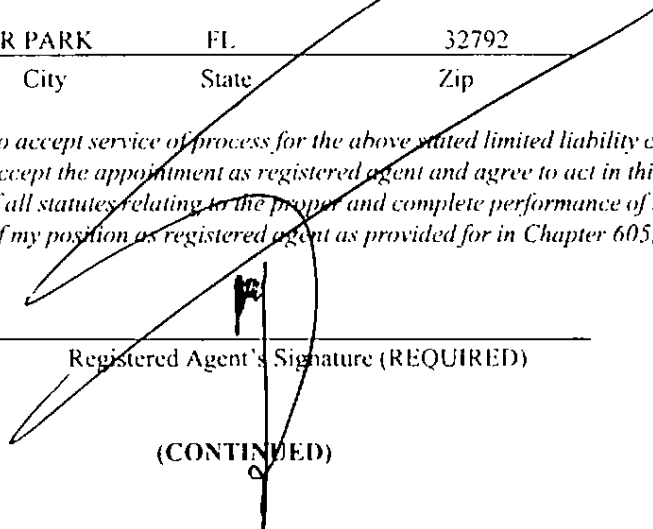
32792

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)

22 NOV 23 PM 3:24

Division of Corporations

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:

MGR

LICETH PINO SATIZABAL
15157 BROOK CLUB RD WINTER GARDEN FL 34787

~~_____

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_____~~

FILED
IN THE
CLERK OF COURT
OFFICE
JUL 28 PM 3:26
2022

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/22/2022. (OPTIONAL)

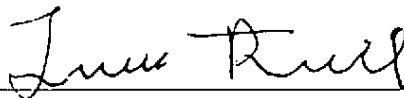
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

MULTI SERVICES

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Liceth Pino Satizabal

Typed or printed name of signer

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)