

1/7/23, 2:46 PM

**L23000009872**  
 Division of Corporations  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

From:  
 Account Name : TAX S PRO CORP  
 Account Number : 120200000147  
 Phone : (786)307-2733  
 Fax Number : (954)420-7118

**\*\*Enter the email address for this business entity to be used for future annual report mailing. If you do not have an email address please.\*\***

**INFO@TAXSPRO.COM**

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

**FLORIDA LIMITED LIABILITY CO.  
 BCA COMPANY LLC**

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

2023 JAN 9 PM 12:18

23 JAN -9 PM 12:35

[Electronic Filing Menu](#)

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# COVER LETTER

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

**SUBJECT:** BCA COMPANY 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:

ANWAR I PUELLO  
Name of Person

TAX S PRO CORP  
Firm/Company

8030 PINES BLVD  
Address

PEMBROKE PINES , FLORIDA 33024  
City/State and Zip Code

INFO@TAXSPRO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

786 at 866 9581  
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
- ☐ \$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

23 JAN -9 PM 10:25

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BCA COMPANY 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:

8210 FLORIDA DRIVE, APT 237  
PEMBROKE PINES, FL 33025

### Mailing Address:

8210 FLORIDA DRIVE, APT 237  
PEMBROKE PINES, FL 33025

## 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:

TAX S PRO CORP

Name

8030 PINES BLVD

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

PEMBROKE PINES

FLORIDA 33025

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)

23 JAN -9 PM 12:35

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

CAMACHO ACEVEDO, BRANDON STEVEN  
3210 FLORIDA DRIVE, APT 237  
PEMBROKE PINES, FLORIDA 33025

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

**REQUIRED SIGNATURE:**

*Brandon S Camacho Acevedo*

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.

BRANDON STEVEN CAMACHO ACEVEDO

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)

23 JAN -9 PM 12:35