00231

	(Requestor's Name)
<u>-</u>	(Addrson)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Social Control Contro
Certified Copies	Certificates of Status
r 	
Special Instructions to	Filing Officer:





700408374067

S. CHATHAM ESOS 1 1 YAM

7, 2023 7,

CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

CAT 5/10

		CERTIFIED COPY	ARTS & AMENDS
	XX	РНОТОСОРУ	
		CUS	
	XX	FILING	LLC
1.		BAVOLUX 2 LLC	
		(CORPORATE NAME AND DOCUMEN	TT #)
2.			
		(CORPORATE NAME AND DOCUMEN	TT #)
3.		(CORPORATE NAME AND DOCUMEN	!'T #)
		(CORTORATE NAME AND DOCUMEN	ιι π)
4.		(CORPORATE NAME AND DOCUMEN	TT #)
5.			
J.		(CORPORATE NAME AND DOCUMEN	FT #)
6.			
		(CORPORATE NAME AND DOCUMEN	/T #)
	ECIA	L JCTIONS:	
4, 71			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Bavolux 2 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: Mailing Address: Principal Office Address: 23200 Camino Del Mar, apt 305 23200 Camino Del Mar, apt 305 Boca Raton, FL 33433 Boca Raton, FL 33433 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: Andrei Volkov Name 23200 Camino Del Mar, apt 305 Florida street address (P.O. Box NOT acceptable) **BOCA RATON** FL City State 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

/S/Andrei Volkov

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Bavolux LLC	
	23200 Camino Del Mar, apt 305	
	Boca Raton, FL 33433	
-		
		~->
	<u></u>	2023 H.S.Y
		ست .کت
	<u> </u>	5
		بدن. بوسد منب
(Use attachment if necessary)		15. 0.
(Ose attachment if necessary)		ب
CLEV: Effective date, if other than the date of filing	g:	, ±
ffective date is listed, the date must be specific at	nd cannot be more than five business days prior to or 90	days
e of filing.)		
	applicable statutory filing requirements, this date will not	be lis
cument's effective date on the Department of State	s's records.	
CLE VI: Other provisions, if any.		

REOUIRED SIGNATURE:

/S/ Andrei Volkov

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.

Andrei Volkov

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)