

L23000248918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

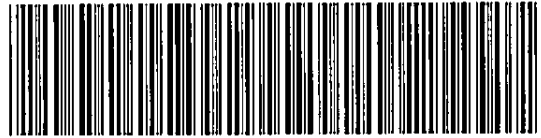
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/23--01015--011 **160.00

2023 MAY --5 PM 9:02
FALL, MISSOURI

COVER LETTER

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

SUBJECT: BC2 INTERIORS 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:

LINDA JOHNSON-SMITH
Name of Person

SHERTECK ACCOUNTING & TAX SERVICES INC
Firm/Company

11114 S W 157 TERRACE
Address

MIAMI, FLORIDA 33157
City/State and Zip Code

SHERTECK07@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA JOHNSON-SMITH 786 863 2796
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

The name of the Limited Liability Company is:

BC2 INTERIORS, LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

310 N W 26TH STREET, SUITE A
MIAMI, FLORIDA 33127

The mailing address of the Limited Liability Company is:

310 N W 26TH STREET, SUITE A
MIAMI, FLORIDA 33127

ARTICLE III

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

PEDRO CABAS
2801 N E 183 STREET, APT 214
NORTH MIAMI, FLORIDA 33160

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 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.

Registered Agent Signature :

Pedro Cabas

Date:

04/28/2023

ARTICLE IV

The names and address for the person(s) authorized to manage the LLC:

TITLE: MGR

JEREMIAS BRITTO CASTILLO
310 N W 26TH STREET, SUITE A
MIAMI FLORIDA 33127

TITLE: MG

DAVID CHARETTE
310 N W 26TH STREET, SUITE A
MIAMI FLORIDA 33127

TITLE: SECRETARY/TREASURER

PEDRO CABAS
2801 N E 183 STREET, APT 214
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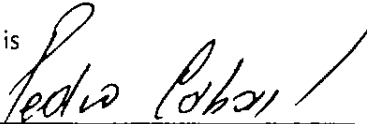
ARTICLE V

The effective date for this Limited Liability Company shall be May 4th, 2023.

Signature of member or authorized representative is

PEDRO CABAS

DATE;


04/28/2020

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s817.155, F.S. We understand the requirements to file an annual report between January 1st and May 1st in the calendar year following the LLC and every year thereafter to maintain active status.

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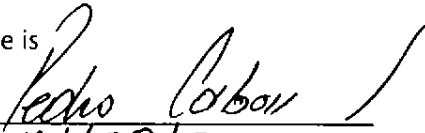
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