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## **WALK IN**

	PICK	UP:	Cat 5/23			
	CERTIFIED COPY					
XX	РНОТОСОРУ					
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	B & M FL 200 LLC CORPORATE NAME AND DOCUM	MENT #)		·		
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PECIAL STRUC	TIONS:					

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

B & M FL 200 LLC			W. J. O. B W. J. C. W.		
(Must contain	n the words "Limited Li	iability Compan	1y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	lress of the principal off	fice of the Limit	ted Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Address:		
1850 NE 26th St			850 NE 26th St.	<del>_</del> _	
Wilton Manors, FL 33	305	<u> </u>	Wilton Manors, FL 33305		
	- Pavietered Office	& Registered A	Agent's Signature:	ual or	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	nt, Registered Office, deannot serve as its own citive Florida registration	Registered Age n.)	Agent's Signature: ent. You must designate an individ	aual or	<b>3</b> 55.
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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 (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager  AMBR  Brianna Baboolal  1850 NE 26th St.  Wilton Manurs. FL 33305  AMBR  Melissa Kadir 1850 NE 26th St.  Wilton Manors, FL 33305  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  Fifective date is listed, the date must be specific and cannot be more than five business days prior to or 9 (Lays at 6 of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REOURED 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.	Title:	Name and Address:	
AMBR  Brianna Baboolal 1850 NE 26th St. Wilton Manors. FL 33305  AMBR  Melissa Kadir 1850 NE 26th St. Wilton Manors. FL 33305  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  of filing.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 609.0203 (1) (b), Florida Statutes.  I am aware that any false information submitted in a document to the Department of State			
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Wilton Manors. FL 33305  Melissa Kadir 1850 NE 26th St. Wilton Manors, FL 33305  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR	Brianna Baboolal	
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certifled Copy (Optional)
\$ 5.00 Certifleate of Status (Optional)