Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

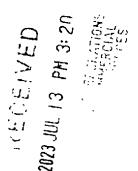
From:

Account Name : DHRUV MANAGEMENT Account Number : I20170000032 Phone : (813)951-0222 Fax Number : (727)499-2716

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__upatel@dhruvmanagement.com

FLORIDA LIMITED LIABILITY CO. **BAM 23 Bradenton LLC**



Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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Help

COVER LETTER

TO:	New Filing Sec Division of Co				
SUBJEC		Bradenton LLC			
(701-71)		Name of	Limited Liah	oility Company	
The encl	osed Articles of	Organization and fee(s	rare submitt	ed for filing.	
Please re	turn all corresp	ondence concerning this	matter to the	e following:	
	Utkarsh Pat	<u></u>			
			Name	of Person	
	Dhruv Man	igement			
	 		Firm/C	Tompany	
	6903 Congr	ess St			
	-		Ad	dress	
	New Port R	ichey, FL 34653			
	upatel(a)dhru	vmanagement.com	City/State :	ind Zip Code	
		E-mail address: (to be u	sed for future	annual report notificat	ion)
For further	r information co	ncerning this matter, ple	rase call:		
	Utkarsh Pate		813	951-0222)	
	Nan	ne of Person	Area Code	Daytime Telephor	ne Number
Enclosed	f is a check for t	he following amount:			
≣\$125,	00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy and copy is enclosed)	ES160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. E	og Address illing Section on of Corporations tox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassec, FL 3230	assee eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

BAM 23 Bradenton 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:

Mailing Address:

6903 Congress St

New Port Richey, FL 34653

6903 Congress St New Port Richey, FL 34653

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:

Utkarsh Patel

Name

6903 Congress St

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

New Port Richey

FL

34653

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 jamiliar 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)

SECRETARY OF STATE

From, Dhruv Management

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To 18506176381

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Utkarsh Patel	
	6903 Congress St New Port Richey, FL 34653	
	New Fort Richey, P.L. 540.55	
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		3 PM 3: 32
		
(If an effective date is listed, the date must the date of filing.)	e date of filing: be specific and cannot be more than five business days prinot meet the applicable statutory filing requirements, this diment of State's records.	ior to or 90 days after
ARTICLE VI: Other provisions, if any,		
REQUIRED SIGNATURE:	() R. Patt	
This document is e I am aware that an	a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b). Floridy false information submitted in a document to the Departme legree felony as provided for in 8.817.155. F.S.	la Statutes.
Utkarsh Pat	el	
	Typed or printed name of signee	
	47/4/ 17	

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)