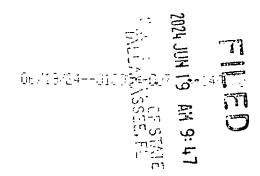
## 1240W275161

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: BMB Studio 5 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:
Rickey J. Davis, Jr. Name of Person
BMB Studios
Firm√Company
4004 Harpers Ferry Dr.
Address \\ \frac{1}{2} \cdot \
Tallahassee Fl. 32308 5 5 5 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rickey J. Davis Jat (850) 694-0095  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐S125.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  ☐S160.00 Filing Fee, 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

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:					
BMB S (Must conta	Hudias L	iability Company	/, "L.L.C.," or '	"LLC.")		
ARTICLE II - Address: The mailing address and street ac	ldress of the principal off	lice of the Limite	d Liability Cor	mpany is:		
<u>Princip:</u>	l Office Address:		М	ailing Address:		
LOOY Ho Tallahas	sel A. 3230	ey Dr	Your Talk	Harpers hassed, F	Fer 1 323	y Pe.
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	Registered Agent	ent's Signatur . You must des	e: ignate an individua	ıl or	
The name and the Florida street a	iddress of the registered a	igent are:				
	Rickey ?	J. Davis	Jr.	<del></del>		
	Hood Har Florida street address	P.O. Box NOT	erry De	<u>c.                                    </u>	٠.	207
	lallahass	ee Fl.	3230	<b>K</b>	12.	5 2024 J
	City	State	Zip	<u> </u>	!-	
Having been named as registered a place designated in this certificate, further agree to comply with the pro un familiar with and accept the ob-	I hereby accept the appoi ovisions of all statutes rela	intment as registe ating to the prope	ered agent and a er and complete	agree to act in this e performance of m	cápacity. v duties, at	/ <del>/**</del>

(CONTINUED)

Registered Agent's Signature (REQUIRED)

- Manager	Rick	thances	wis, 50.		
		-	1. 32.3018		
<del></del>					
<u> </u>					
echment if necessary)			<del>-                                    </del>	- 10E	วกวา
ective date, if other than te is listed, the date mus	he date of filing:	inot be more than fi	ve business days pri	NAL) or to or 90 d	= lays after
inserted in this block do Fective date on the Depa	es not meet the applic rtment of State's rec	cable statutory filing ords.	requirements, this d	ate will not b	e listed a 芸
•	·			17.5 17.5 17.5 17.5 17.5 17.5 17.5 17.5	ય
	inserted in this block doe fective date on the Depa her provisions, if any.	inserted in this block does not meet the applic fective date on the Department of State's reco her provisions, if any.	dective date, if other than the date of filing:  The light processory)  te is listed, the date must be specific and cannot be more than first inserted in this block does not meet the applicable statutory filing frective date on the Department of State's records.	dective date, if other than the date of filing:  The light provisions, if any.  OPTION  OPTION	inserted in this block does not meet the applicable statutory filing requirements, this date will not be feetive date on the Department of State's records.  her provisions, if any.

Signature of a member or an authorized representative of a member, his document is executed in accordance with section 605 0203 (1) (b). Florida 6

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.

Rickey Davis 5r.
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)