

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPERTAX FINANCIAL
Account Number : I20240000089
Phone : (904)559-6726
Fax Number : (904)265-6195

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

Email Address: Expertaxinfo@gmail.comFLORIDA LIMITED LIABILITY CO.
B&G TOTAL MULTISERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED

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TALLAHASSEE, FL2024 SEP 17 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: B&G TOTAL MULTISERVICES 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:

GILMA JASMIN GARCIA

Name of Person

Firm/Company

3987 PROGRESS WAY

Address

JACKSONVILLE FLORIDA 32207

City/State and Zip Code

gasrciajasminj2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILMA JASMIN GARCIA	904	405-4012
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B&G TOTAL MULTISERVICES 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:

3987 PROGRESS WAY
JACKSONVILLE FLORIDA 32207

Mailing Address:

3987 PROGRESS WAY
JACKSONVILLE FLORIDA 32207

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:

GILMA JASMIN GARCIA
Name
3987 PROGRESS WAY
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE FLORIDA 32207
City State Zip

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CLERK OF STATE
TALLAHASSEE, FL

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..

Gilma Jasmin Garcia
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGRGILMA JASMIN GARCIA
3987 PROGRESS WAY
JACKSONVILLE FLORIDA 32207MGRLOURDES YANETH HERNANDEZ GARCIA
3987 PROGRESS WAY
JACKSONVILLE FLORIDA 32207MGREDGAR OSWALDO BENITEZ GARCIA
3997 HAYDON BURNS PL
JACKSONVILLE FLORIDA 32217MGRJOSE A BENITEZ
3987 PROGRESS WAY
JACKSONVILLE FLORIDA 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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FILED**REQUIRED SIGNATURE:**Gilma Jasmin Garcia

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.

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)

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