

(((H24000330745 3)))



H240003307453ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Phone

Fax Number : (305)675-5944

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. B&O CAPITAL INVESTMENTS, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE | I- | Name: |
|---------|----|-------|
|---------|----|-------|

The name of the Limited Liability Company is:

| BED CAPITAL INVESTMENTS, LC | | | |
|---|---------------|---------------|---------------|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is: | Liabilit | у | - |
| 965 SW 16 STREET | | | |
| _ MIAMI, PL 33165 | · | | |
| | 1 | | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) CARLOS A DENTO. FONTELA | SECRETAL | 2024 SEP : | |
| | 78 AS 25. | 30 PM | 7 |
| 9615 SW 16 STREET | No. | <u>ः</u> ऱ | |
| MIAM1, FL. 33165 | 표 | 24 | |
| ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR) | ed | | |
| _ CARLOS Alberto FONTEZA (AMBR) | · | | |
| | | | |
| | | | |
| | | | _ |
| | | | |
| | | | |

EIN: 33 - 1236024

Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.B.

CARLOS Alberto Fortela
Typed or printed name of signee

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 myduties 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)