

**LZ400043520**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

10/15/24

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SECRETARY OF STATE  
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.  
BAC COMPANY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

24 OCT 14 PM 6:55

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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:

BAC & COMPANY 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:

2020 NE 163rd Street, Ste 202E  
North Miami Beach, FL 33162

Mailing Address:

2020 NE 163rd Street, Ste 202E  
North Miami Beach, FL 33162

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:

ARDA CAGLI

Name

2020 NE 163rd Street, Ste 202E

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

<u>North Miami Beach</u>	<u>FL</u>	<u>33162</u>
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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Arda Cagli

dotloop verified  
10/08/24 6:35 PM TRT  
JLE--25V-WAKE-CSMR

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:**

AMBR	ARDA CAGLI 2020 NE 163rd Street, Ste 202E North Miami Beach, FL 33162
AMBR	BEATRIS CAGLI 2020 NE 163rd Street, Ste 202E North Miami Beach, FL 33162
MGR	GULCIN MORELLO 2020 NE 163rd Street, Ste 202E North Miami Beach, FL 33162

(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.

**REQUIRED SIGNATURE:**

*Arda Cagli*

colloop verified  
10/28/24 4:35 PM EDT  
0600-900E-QUB-N640

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.

ARDA CAGLI

Typed or printed name of signer

**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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