

Florida Department of State
Division of Corporations
Electronic Filing/Office

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

STATE OF FLORIDA
TALLAHASSEE, FL

2024 DEC -3 PM 1:14

RECEIVED

**FLORIDA LIMITED LIABILITY CO.
BCF Capital, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BCF Capital, 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:

BCF Capital, LLC

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

.515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

E-mail address: (to be used for future annual report notification) bfields@dawsongroupseaside.fl.com

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

For further information concerning this matter, please call:

Name of Person _____ at (855) 498 - 5500
Area Code Daytime Telephone Number

Name of Person

Area Code:

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
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:

BCF Capital, 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:97 Grayton Blvd Santa Rosa Beach, FL 3245997 Grayton Blvd Santa Rosa Beach, FL32459**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:

Baron Fields

Name

97 Grayton BlvdFlorida street address (P.O. Box **NOT** acceptable)Santa Rosa Beach Florida 32459

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 603, F.S..

Baron Fields

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

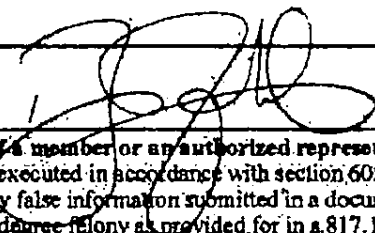
MGR = Manager

Manager**Name and Address:**Baron Fields, 97 Grayton Blvd., Santa Rosa
Beach, FL 32459ManagerCourtney Fields, 97 Grayton Blvd., Santa
Rosa Beach, FL 32459

(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:**
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.817.153, F.S.Baron Fields

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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