Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000402116 3)))



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 : VCORP SERVICES, LLC

Account Number : 120080000067 ; (845)425-0077 : (845)818-3588 Fax Number

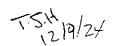
Enter the email address for this business entity to be used for future 🚃 annual report mailings. Enter only one email address please. Email Address:

FLORIDA LIMITED LIABILITY CO. BK GLOBAL PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



Mailing Address:

ARTICLES OF ORGANIZATION FOR BK GLOBAL PARTNERS LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: BK Global Partners LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7901 4th St N # 11583 PO Box 503

St. Petersburg, FL 33702 Armonk NY 10504

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Vcorp Agent Services, Inc. 1200 South Pine Island Road Plantation, FL 33324 Broward County

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.,

golenogen (

Registered Agent's Signature

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

Title: Name and Address:

Member Bina Khan

> c/o the Company PO Box 503 Armonk NY 10504

REQUIRED SIGNATURE	R	ΕQ	UIR	ED	SI	GNA	Τt	JR	E
--------------------	---	----	-----	----	----	-----	----	----	---

for Klar

Signature of a member or an authorized representative of a member

Page: 3 of 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.

Bina Khan

Typed or printed name of signee