

L25000121354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

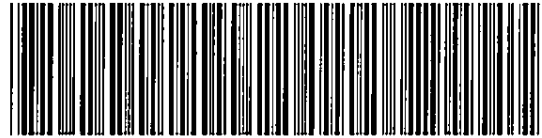
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



300446503953

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2025 MAR 20 AM 9:47

STATE  
TALLAHASSEE, FL

RECEIVED

2025 MAR 20 PM 3:11

STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$160.00

Authorization Signature

BST Ventures of Tampa Bay, LLC

Business Name

#Document

Walk in

Will wait

☒ Certified Copy

☒ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☒ LLC  
☐ Domestication  
☐ INC  
☐ CORP  
☐ PLLC

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A.  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Conversion  
☐ Statement of Authority  
☐ Merger  
☐ REVOCATION OF DISSOLUTION

**OTHER FILINGS**

☐ TRANSMITTAL LETTER  
☐ Fictitious Name -  
☐ Statement of Authority  
☐ APOSTIL                       
                                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Partnership  
☐ Reinstatement  
☐ Statement of CORRECTION  
☐ Domestication  
☐ Other

EXAMINER'S INITIALS:                     

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TALLAHASSEE  
FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BST VENTURES OF TAMPA BAY, 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:

TRACEY J FIERRO

Name of Person

ACCOUNTING SOLUTIONS FOR BUSINESS, INC.

Firm/Company

2454 N. MCMULLEN BOOTH ROAD BUILDING D, SUITE 607

Address

CLEARWATER, FLORIDA 33759

City/State and Zip Code

INFO@ACCOUNTINGSOLUTIONS123.COM

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

For further information concerning this matter, please call:

TRACEY J. FIERRO

727

428-1040

at ( )

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

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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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BST VENTURES OF TAMPA BAY, 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:

3040 KEVLIN COURT

SAFETY HARBOR, FL 34695

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:

ACCOUNTING SOLUTIONS FOR BUSINESS, INC.

Name

2454 N. MCMULLEN BOOTH RD BUILDING D STE 607

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

CLEARWATER

FLORIDA

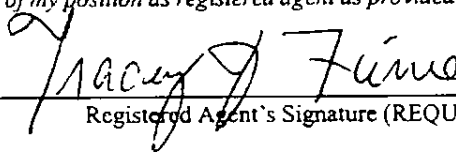
33759

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL  
MAR 20 2025

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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:**

MGR

STEPHANIE FRIEDMAN  
3040 KEVLIN COURT  
SAFETY HARBOR, FL 34695

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

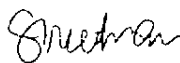
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

ALL LAWFUL BUSINESS PURPOSES

**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.817.155, F.S.

STEPHANIE FRIEDMAN

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)