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OLVISION OF CORPORATION OF ALIG 27 AM II: 5

~ 09/03/15

COVER LETTER

Div	vision of Corporations
SUBJECT:	The Bindel LLC
	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
1	Brett Cofman
-	Name of Person
•	The Bindel
_	Firm/Company
· ·	1200 West Avenue Unit # 829
_	Address
1	Miami Beach, Florida 33139
•	City/State and Zip Code
<u>T</u>	heBindel@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
E	Brett Cofman 636 751-8080
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fili	Ing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address

TO:

Registration Section

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Bindel LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1200 West Avenue Unit # 829	1200 West Avenue Unit #829
Miami Beach, Florida 33139	Miami Beach, Florida 33139
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Reg nother business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
he name and the Florida street address of the registered ages	nt are:
Brett Cofman	

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

Florida

1200 West Avenue Unit #829

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Miami

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

33139

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 AUG 27 AM II: 50

SECRETARY OF STATE OF STATE OF STATE OF CORPORATION

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	D G
AMBR	Brett Cofman
	1200 West Avenue Unit #829 Miami, Florida 33139
	Miaim, rionda 55159
AMBR	Rebecca Murday
	16 Chauncy Street Apt. #28
	Cambridge, Massachusetts 02138
	
	
	
/H	
(Use attachment if necessary)	
T.F.V. Effective date if other than the date of t	filing: (OPTIONAL)
effective date is listed, the date must be specif	ic and cannot be more than five business days prior to or 90 days after
te of filing.)	and cannot be more than live business mays prior to or you and arre-
	the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of S	
<u> </u>	
CLE VI: Other provisions, if any.	

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.

Brett Cofman

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)

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