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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
/Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bour & Bour Real Name of Limited Lia	Estate LLC bility Company	
The enclosed Articles of Organization and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to t	he following:	
Jennife	r Baur	
Name	of Person	
Firm	Company Company	
973 NW	4B Ave	
	ddress	
Boca Ra	ton FL 33432	_
City/State	and Zip Code @ bell South, net	
E-mail address: (to be use	d for future annual report notification	1)
For further information concerning this matter, please call:		
T., a C D	1 201///20	
Name of Person Area Co	de Daytime Telephone Number	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$130.00 Filing Fee \$1	55.00 Filing Fee & \$160.00) Filing Fee,
Certificate of Status Ce	entified Copy Certificational copy is enclosed) Certificational copy is enclosed)	cate of Status &
(addii		l copy is enclosed)
Mailing Address	Street/Courier Address	三名 🖚
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
1 411a11a55CC, 1 & 32314	Tallahassee, FL 32301	
		124 B

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Baur & Baur Real (Must end with the words "Limited Li	Estate LLC ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address: Mailing	Address:
973 NW 413 Are Boxa Rotton, FL 33432	"Same"
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	ent are:
Tennifer E	Baur
Name	
973 NW 4B,	tre
Florida street address (P.O. Box N	OT acceptable)
Baa Raton	FL 33432
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance actions of my position as registered agent as provided for in 605, F.S
(CONTINUEI	
Page 1 of 2	

Title:		Name and Address:	
"AMBR" = Authorized "MGR" = Manager	Member		
	-		
MGR		Jennifer Brus	
	-	973 NW 48 Are	
		Baca Raton, FL 3	3432
	-		
	-		=
(Use attachment if nece	essary)		
		g: <u>January I 2014</u> opti	
L VI: Outer provisions,	it any.		
REQUIRED SIGNAT		163	
REQUIRED SIGNAT	TURE:	Jan Ban	
REQUIRED SIGNAT	FURE:	or an authorized representative of a memb	per. this document
REQUIRED SIGNAT S (In accorda constitute)	Signature of a member of ange with section 605.026 an affirmation under the	03 (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated her	this document rein are true.
REQUIRED SIGNAT S (In accorda constitute, I am awar	Signature of a member of ange with section 605.020 an affirmation under the that any false information	03 (1) (b), Florida Statutes, the execution of the	this document rein are true.
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ARTICLE IV-