

L04000044903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

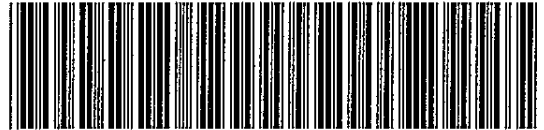
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 14 AM 8:14

**Our Checkered Past, LLC**

**825B N.E 6<sup>th</sup> Avenue  
Delray Beach, FL 33483  
(561) 266-8586 (Tel / Fax)**

June 9, 2004

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: LLC Filing

Sirs:

Enclosed please find Articles of Incorporation for Florida Limited Liability Company named "Our Checkered Past", LLC.

Please mail the finalized papers to me at the address below.

Thank you,



Anna Bierstock  
417 Palm Trail  
Delray Beach, FL 33483  
571 706-1590

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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Our Checkered Past 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:

Anna Bierstock  
(Name of Person)

Our Checkered Past, LLC  
(Firm/Company)

417 Palm Trail  
(Address)

Delray Beach, FL 33483  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Bierstock at ( 581 ) 706-1590  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Our Checkered Past, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

825 B NE 6th Avenue

Delray Beach, FL 33483

**Mailing Address:**

825B NE 6th Avenue

Delray Beach, FL 33483

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

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

Anna Bierstock

Name

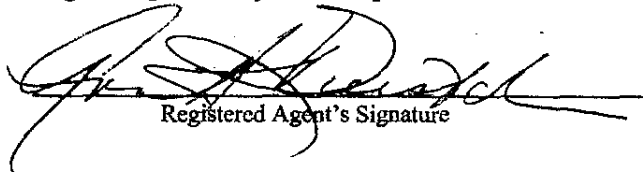
417 Palm Trail

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

Delray Beach, FLORIDA 33483

City, State, and 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 608, Florida Statutes..*

  
Registered Agent's Signature

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DIVISION OF CORPORATIONS  
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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Anna Bierstock

417 Palm Trail

Delray Beach, FL 33483

MGRM

Samuel Bierstock

417 Palm Trail

Delray Beach, FL 33483

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANNA H. B. BIERSTOCK  
Typed or printed name of signee

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**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)