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NI AHASSEE, FLORIDA SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Sec Division of Corp	ction porations					
SUBJECT:	Bear Cree (Name of Limited	ek Investm Liability Company)	ents, LLC			
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Paul D. T.	LT NES	· · · · · · · · · · · · · · · · · · ·			
	<i>→</i>	Pirm/Company)				
	13005 Ort	Ega Lane (Address)				
	North Miar	ni, FL 3318 State and Zip Code)	<u></u>			
	oncerning this matter, please of	call: at ( 954) 328 - (Area Code & Daytime Te	TALLAS FEB 28 SECRET 18			
(Name	of Person)	(Area Code & Daytime Te	elephone Number			
Enclosed is a check for	the following amount:		OF S	m U		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Eiling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
STRE	ET ADDRESS:	MAILING A	DDRESS:			

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Bear Creek Investments, 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:
13005 Ortega Lane SAME North Miami, FL 33181
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Paul D. Turner Name
13005 Ortega Lane Florida street address (P.O. Box NOT acceptable)
North Miami FL 33181 SSR 28 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

(CONTINUED)

Registered Agent's Signature

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

ARTICLE IV- Manager(s) or Managing Member(s):

(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.)

## 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)