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	(Requestor's Name)
<u>.                                    </u>	(Address)
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	(City/State/Zip/Phone #)
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SECRETARY OF STATE

#### TRANSMITTAL LETTER

10:	Registration Section
	Division of Corporations
SUBJ	ECT: BERGERT, CASSARINO AND ASSOCIATES, LLC
	(Name of Limited Liability Company)
The en	aclosed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	SEAN BERGERT / JOHN CASSARINO
	(Name of Person)
	BERGERT, CASSARINO AND ASSOCIATES, LLC
	(Firm/Company)
	2700 NE 22 <sup>ND</sup> COURT
	(Street Address)
	POMPANO BEACH, FLORIDA 33062
For furt	ther information concerning this matter, please call:
	SEAN BERGERT at (954) 647-8526
	(Area Code & Daytime Telephone Number)

STREET ADDREES:

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 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### BERGERT, CASSARINO AND ASSOCIATES, LLC

#### ARTICLE II - Address:

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

Principal Office Address: 2700 NE 22<sup>ND</sup> COURT

POMPANO BEACH, FL. 33062

Mailing Address:

2700 NE 22<sup>ND</sup> COURT

POMPANO BEACH, FL. 33062

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

The names of the Florida street address of the registered agent are:

#### SEAN BERGERT / JOHN CASSARINO

Name

#### 2700 NE 22<sup>ND</sup> COURT

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

#### **POMPANO BEACH, FLORIDA 33062**

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 obligation of my position as and complete performance of duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, Florida Statues.

Registered Agent's Signature

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MOD	CEAN DEDCEDT
<u>MGR</u>	SEAN BERGERT 2700 NE 22 <sup>ND</sup> COURT
	POMPANO BEACH, FLORIDA 33062
MCD	JOHN CASSARINO
MGR	2828 SW 117 <sup>TH</sup> AVENUE
	DAVIE, FLORIDA 33330
MGR _	ADAM KAUFMAN
WOK	18767 BISCAYNE BLVD
	AVENTURA, FL 33180
(Use attachment if necessary)	

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

**REQUIRED SIGNATURE:** 

Signature of a member of 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.)

#### **SEAN BERGERT**

Typed or printed name of signee

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)