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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: BERARD INVESTMENTS, LLC		
(Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
RICHARD L. BERARD		
()	Name of Person)	
BERARD INVESTMENTS, LLC		
(Firm/Company)	
7829 SR 100 - P.O. BOX 920		
	(Address)	
KEYSTONE HEIGHTS, FL 3268	56	
	State and Zip Code)	
For further information concerning this matter, please	call:	
RICHARD L. BERARD	at (352 473-3569	
(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		- () - 4
☑ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fae, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
BERARD INVESTMENTS, LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
7829 SR 100	P.O. BOX 920
KEYSTONE HEIGHTS, FL 32656	KEYSTONE HEIGHTS, FL 32656
The name and the Florida street address of the RICHARD L. BERARD Na	
Na	me
7829 SR 100	
	address (P.O. Box <u>NOT</u> acceptable)
KEYSTONE HEIGHTS, FL	<u> </u>
City, Sta	te, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S
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	1 Beraul N
Registered Age	

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	DIQUARD L BEDARD
MGRM	RICHARD L. BERARD
	P.O. BOX 920
	KEYSTONE HEIGHTS, FL 32656
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
Davis	M. Blynd, Auth lep,
Signature of a memb	per 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.)

DAVID M. BERARD, AUTHROIZED REPRESENTATIVE

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)