

W5000083926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

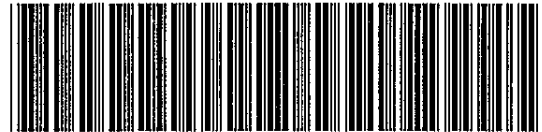
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W5-83926  
OR

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bear Investments 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:

CARMEN J. ACEVEDO  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

~~218~~ P.O. Box 700831  
(Address)

Miami, FL 33170  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN J. ACEVEDO at (305) 247-2774  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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August 21, 2005

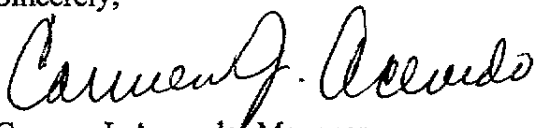
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: LLC

The name of our Limited Liability Company is Bear Investments, LLC. Our address is 26900 SW 192 Avenue, Homestead, Florida 33031. Our mailing address is: P.O. Box 700831, Miami, Florida 33170. Our phone number is: (305) 247-2774.

I am familiar with and accept the obligations of the position of Manager and Registered Agent.

Sincerely,

A handwritten signature in black ink, appearing to read "Carmen J. Acevedo". The signature is fluid and cursive, with the first name "Carmen" and last name "Acevedo" clearly distinguishable.

Carmen J. Acevedo, Manager

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

~~CADDA~~ Bear Investments, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

26900 SW 192 Avenue  
Honolulu, FL 33031

**Mailing Address:**

P.O. Box 700831  
Miami, FL 33170

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

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

Carmen J. Acevedo  
Name

26900 SW 192 Avenue  
Florida street address (P.O. Box **NOT** acceptable)

Honolulu, Hawaii, FL 33031  
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, F.S..*

Carmen J. Acevedo  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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

CARMEN J. ACEVEDO

26900 SW 192 Ave - Homestead, FL 33031

MGR

Daniel Leiske

26900 SW 192 Ave - Homestead, FL 33031

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Carmen J. Acevedo

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.)

CARMEN J. ACEVEDO

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)

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TALLAHASSEE, FLORIDA

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