## L05000085369

	(Re	questor's Name	•)	
	(Ad	dress)		
	(Add	dress)		· · · · · · · · · · · · · · · · · · ·
	(Cit	y/State/Zip/Pho	ne #)	
PICK-	UP	☐ WAIT	MAI	L
	(Bus	siness Entity Na	ame)	
	(Doc	cument Numbe	r)	
Certified Copies		Certificate	es of Status	
Special Instructio	ons to F	Filing Officer:		
the viability	· · ·			c
niner	<u></u>	20		
ater	DC	C Office Use O	nly	
ater Yer	- DC			
owledgement	<u>D</u> CC			
. Verifyer	בַּבַ	-		



700058568397

08/29/05--01032--013 \*\*160.00

2005 AUG 29 P 3: 1.

Frederick Bertel Mailing address: P.O. Box 487 Melbourne, Fl 32902

Daytime phone: #321-722-2838

SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: The Bert	el Group, L.L.C.			
		d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	Frederick I			
	(1	Name of Person)		
	The Bertel G			
	(	Firm/Company)		
	P.O	. Box 487		
		(Address)		
	Melbo	ourne, Fl 32902		
	(City)	State and Zip Code)		
For further information	concerning this matter, please	call:		
Mike Jaf	fe	at ( 321 ) 722-2838		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or 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		MAILING ADDRESS: Registration Section		
Division of Corporations		Division of Cornorations		

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	ted Liability Company is	:		
	The Bertel Group, L.L.C.	355	<u> </u>	-
ARTICLE II - Address a		rincipal office of the Limited	Liability Com	ipany is:
Principal Office Add	reșs:	Mailing Address:		
903 E. New Haven Ave Melbourne, FI 32901	suite 5	P.O.Box 487 Melbourne, FI 32902		
ARTICLE III - Regi	stered Agent, Registered	d Office, & Registered Agen	ıt's Signature	:
The name and the Flor	rida street address of the	registered agent are:	ZODI SEC	
	Frederick Bertel		RETA AHAS	
	Name ASSEE		4200	
	140 3rd. Ave		ξ'' <b>(</b> Φ	
<del></del>	Florida street address (P.O. Box NOT acceptable)			O
	Indialantic	F <u>L</u>	SRIDE PRIDE	
	City, State,	and Zip	<i>&gt;</i>	
liability company o registēred agent and o statutes relating to t	at the place designated in a agree to act in this capacit he proper and complete pa	accept service of process for the this certificate, I hereby acceptly. I further agree to comply we arformance of my duties, and I istered agent as provided for in	t the appointme tith the provision am familiar w	ent as ons of all ith and

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Frederick Bertel
	140 3rd Ave
	Indialantic, FI 32903
MGRM	same
	Ž <sub>C</sub>
(Use_attachment if necessary)	ECRETA LAHAS
NOTE: An additional article must be a	
REQUIRED SIGNATURE:	P 3 P FLORID
	> ° ° °
Signature of a member or a	n authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Fre	ederick Bertel
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)