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(Re	questor's Name)	
(Ad	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doi	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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## **COVER LETTER**

TO:		ration Se on of Cor	ction porations			
SUBJ	ECT: _	В.М.	TELTSER FAMILY (Name of Limite	LLC Liability Company)		
The en	eclosed A	nticles of	Organization and fee(s) are s	abmitted for filing.		
Please	return al	corresp	ondence concerning this matte	r to the following:		
		Ber	nice G. Teltser	Name of Person)		
			Y	of Tolory		
		<u> </u>	{	Firm/Company)		
	-	162	299 Mirasol Way	(Address)		
				•		
		De l	Lray Beach, FL (City	33446 /State and Zip Code)		
For fu	rther info	ormation	concerning this matter, please	call:		
			ciam Teltser	at (561 ) 965-8		
		(14dsisc	OI FCISORY	(Files Code & Dayland	•	
			or the following amount:  \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & No	FLEG
			Maline Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addi Registration Section Division of Corporat Clifton Building 2661 Executive Cen Taliahassee, FL 323	FLORIDA 2: 47 tions ter Circle	0

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
•	
B.M. TELTSER FAMILY, LLC	•
Must end with the words "Limited Liability Company, "Limite	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16299 Mirasol Way	Same
Delray Beach, FL 33446	
ARTICLE III - Registered Agent, Registered	Office & Registered Agent's Signature
The Limited Liability Company cannot serve as its own Regist	tered Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Harold R. Teltser	
Name	
226 77 77	Ag 05
236 N. Country C1	ub Drive (P.O. Box NOT acceptable)
PROTEIN SHOPE WILL	iless (P.O. Box MO.) acceptable)
Atlantis	FL 33462 第章 ® 音
City, State, a	nd Zip
Having been named as registered agent and to a	accept service of process for the about stated limited
liability company at the place designated in t	his certificate, I hereby accept the appointment as
registered agent and agree to act in this capacity	y. I further agree to comply with the provisions of all
	rformance of my duties, and I am familiar with and
accept the obligations of my position as regis	stered agent as provided for in Chapter 608, F.S.
11. 1	
The	2 State
Registered Agent's Signat	THE PREDITIES.
registeren vilent 2 gilling	mis (mexcent)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s	ARTICLE	IV-	Manager	(3) or	Managing	Member	(s)
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The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Bernice G. Teltser 16299 Mirasol Way
	Delray Beach, FL 33446 JOINTLY (NOT SEVERALY) WITH
MGRM	Miriam Teltser 236 N. Country Club Drive
	Atlantis, FL 33462
(The second of second of	O5 NOV SECRE TALLAH
(Use attachment if necessary)	e date of filing: (OPTIONAL) & T
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
,	2: 4.7 STATE LORIDA
<b>REQUIRED SIGNATURE:</b>	<b>&gt;</b>
Berning	Ilan Miriam Telter
Signature of a memi	ber or an anthorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Bernice G. Teltser and Mirjam Teltser
Typed or printed name of signee