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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LOS - 122940  
ql

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bergen's Gifts<sup>LLC</sup> dba Candy Bouquet #4510  
(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:

Marsha Bergen

(Name of Person)

Bergen's Gifts dba Candy Bouquet #4510, LLC

(Firm/Company)

13467 Sunstone Street

(Mailing Address)

Jacksonville, FL 32258

(City/State and Zip Code)

For further information concerning this matter, please call:

Marsha Bergen

(Name of Person)

at ( 904 ) 327-6303

(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)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2005

MARSHA BERGEN  
13467 SUNSTONE STREET  
JACKSONVILLE, FL 32258

SUBJECT: BERGEN'S GIFTS, LLC  
Ref. Number: W05000055606

We have received your document for BERGEN'S GIFTS, LLC and check(s) totaling \$125.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$125.00.

On article I only the llc name can be listed. Please remove the dba name.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 605A000725

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bergen's Gifts, LLC *(me)*  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

225 Highway 17, South office 15  
East Palatka, FL 32131

13467 Sunstone St.  
Jacksonville, FL 32258

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Marsha Bergen  
Name

13467 Sunstone Street  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32258  
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..*

Marsha Bergen  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Marsha Bergen  
13467 Sunstone Street  
Jacksonville, FL 32258

X - mb

X - mb

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Marsha Bergen  
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.)

Marsha Bergen  
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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