# L07000115355

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	rilling Officer.	

Office Use Only



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SECRETARY OF STATE

### **COVER LETTER**

	Division of Corporations
SUBJEC	T: Berald Property Solvious LLC (Name of Limited Liability Company)
	(Name of Emmed Elabrity Company)
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
_	RAYMOND & BERGRO JR
,	Beraro Property Solutions LLC (Firm/Company)
	8203 SUN SPRING CIR #61
_	ORLIANDO PL, 32825
	(City/State and Zip Code)
For further	er information concerning this matter, please call:
RA	(Name of Person) at (407) 468-4574 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	d is a check for the following amount:
<b>□\$</b> 125.00	O Filing Fee \$\times 130.00\$ Filing Fee \$\times 155.00\$ Filing Fee \$\times 160.00\$ Filing Fee,  Certificate of Status \$\times 2000\$ Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2007

RAYMOND C. BERARD, JR 8203 SUN SPRING CIRCLE 361 ORLANDO, FL 32825

SUBJECT: BERARD PROPERTY SOLUTIONS LLC

Ref. Number: W07000054765

We have received your document for BERARD PROPERTY SOLUTIONS LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 607A00064576

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Berbro Property Solutions LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
8203 SUN SPRING CIR \$1 8203 SUN SPRING-CIR \$61 ORLANDO, PC 32825 ORL. RL. 32825
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:    Registered Agent's Signature:   Property   Pro
8203 SUN SPRING CIR #6155 & C
Florida street address (P.O. Box NOT acceptable)
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

ristered agent and agree to act in this capacity. I further agree to comply with the provisions of all tatutes 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..

Registered Agent's Signature (REQUIRED)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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:** Signature of a member or an authorized representative of a member.

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee