# L11000069179

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SECRETARY OF CORPORATIONS
OIVISION OF CORPORATIONS

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### **COVER LETTER**

τ̈O:

ŤΟ:	Registration Section Division of Corporations	
SURIE	ECT: Business Informat	ion Engineers. LLC
SOBJE		of Limited Liability Company
The en	closed Articles of Organization and fed	e(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the following:
	William H. Teicher	
	TTIMETT II. TOIOITOI	Name of Person
	· · · ·	Firm/Company
	6820 Adriano Drive	
		Address
1	Roynton Rosch, Elerida (	22/27
'	Boynton Beach, Florida	City/State and Zip Code
	wteicher@gmail.com	
•		be used for future annual report notification)
For. fur	ther information concerning this matte	r, please call:
Willia	am H. Teicher	at (561 ) 373-2909
	Name of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amo	ount:
	Filing Fee \$130.00 Filing Fe Certificate of St	ee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32	rations Division of Corporations Clifton Building

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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## **Business Information Engineers, 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:
6820 Adriano Drive	6820 Adriano Drive
Boynton Beach, FL 33437	Boynton Beach, FL 33437
	ं छ।
William H. Teic	$\Box$
	Name
6820 Adriar	no Drive
Florid	la street address (P.O. Box <u>NOT</u> acceptable)
Boynton Beach	

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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	William H. Teicher
	6820 Adriano Drive
	Boynton Beach, FL 33437
MGR	Robert J. Kirkwood
	11222 Island Lake Lane
	Boca Raton, FL 33496
	<del></del>
(Use attachment if necessary)	
	e date of filing: (OPTIONAL be specific and cannot be more than five business days
-	England.
DECUIDED CLONATUDE	
REQUIRED SIGNATURE:	ي
( H	11 JUN 13
Signature of a memb	per or an authorized representative of a member.
(In accordance with section 60	08.408(3), Florida Statutes, the execution of this document
I am aware that any false info	er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)

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)

Typed or printed name of signee