

L11000122192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

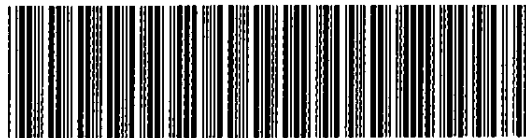
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OCT 26 2011
EXAMINER



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10/26/11--01004--019 **125.00

RECEIVED

11 OCT 26 AM 11:34

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 OCT 26 PM 1:49

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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DIVISION OF CORPORATIONS
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CONTACT: KATIE WONSCH

DATE: 10/26/2011

REF. #: 002282.156239

CORP. NAME: BERGHEM LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 541987 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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

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ARTICLE I – NAME

The name of this Limited Liability Company is:

BERGHEM LLC

ARTICLE II – ADDRESS

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

135 SAN LORENZO AVENUE, SUITE 660
CORAL GABLES, FL 33146

ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by one or more members and, therefore, is a member-managed company.

ARTICLE IV – REGISTERED AGENT AND OFFICE

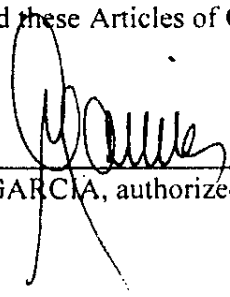
The name and address of the initial registered agent of this Limited Liability Company are:

PAUL A. GARCIA, CPA
135 SAN LORENZO AVENUE, SUITE 660
CORAL GABLES, FL 33146

ARTICLE V - PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of the 25th day of October, 2011.



PAUL A. GARCIA, authorized representative

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations his position as registered agent as provided for in Chapter 608, Florida Statutes.

Date: October 25, 2011



PAUL A. GARCIA, CPA