Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC.

Account Number : I20020000094 Phone : (770)777-2091

Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	 <u>-</u> -	

FLORIDA LIMITED LIABILITY CO. BEAR HOME INVESTMENTS, LLC

Certificate of Status	0
Cortified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu.

Corporate Filing Menu

Help

https://cfile.sunbiz.org/scripts/efilcovr.exe

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COVER LETTER

TO: Registration Division of C			
SUBJECT: BEAR I	HOME INVESTMENTS	, LLC	
		ted Liability Company	
The enclosed Articles	of Organization and foc(s) are	submitted for filling.	
Please return all corres	pondence concerning this man	tter to the following:	
David Wm. 8	Boone		
		Nume of : orner	
		Ріпп/Сонрилу	
2146 Lake D	rive		
		Address	
Winter Park,			
dub		ty/State and Zip Code	
dwboone1@r		for future annual roport notification)	
For further information	concerning this matter, pleas	•	
David Wm. Boone		nt (404) 664-4100	
Name	of Person	Area Codo & Daytime Tele	phone Number
Enclosed is a check i	or the following amount:		
□\$125.00 Filing Fee	D\$130.00 Filing Fee & Certificate of Status	Cortified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
,	Malling Address Registration Section	Street/Courier Address Registration Section	

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

Street/Courier Address
Registration Section
Division of Corporations
Ciliton Building
2661 Executive Center Circle
Tallahasvee, FL 32301

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FILED

11 NOV 30 AN 8: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	u.
BEAR HOME INVESTMENTS, LLC	
(Must end with the words "Limited Liab	ility Compuny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2146 Lake Orive	2146 Loko Drive
Winter Park, FL 32789	Winter Park, FL 32789
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeress entity with an active Florida registration.) The name and the Florida street address of the	istered Agant. You must designate an individual or another

NRAI Services, Inc	
	Name
515 East Park Ave	nue
Flori	da street address (P.O. Box NOT acceptable)
Tallahessee	FL_32301
	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..

NRAI Services, Inc.

Registered Agent's Signature (REQUINED)

(CONTINUED)
Page 1 of 2

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

<u>Titte:</u> "MGR" = Manag "MGRM" = Man		Name and Address:			
MGRM	- <u></u>	David Nm. Boone 2146 Lake Drive Winter Park, Ft, 32769	 _		
- 					
(Use attachment in ARTICLE V: Effective of (If an effective date is list to or 90 days after the	date, if other than the dated, the date must be s	ate of filing: Nov. 30, 20 11 (Capecific and cannot be more than five bus	OPTIONA	·L) /s prio	r
<u>reoutred</u> sig		1	SE SE		
	(In accordance with section	or an authorized representative of a member, on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury n are true.)	CRETARY	NOV 30	FILE
Filing Vees:	David Wm. Boone Type	d or printed name of signee	OF STATE	AN 8: 20	EO
\$125.00 Flung F	ee for Articles of Organiz	zution and Designation	J	0	

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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