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EXAMINER



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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

	Registration Section Division of Corporations			
SUBJECT: Cheryl Bernardi LLC Name of Limited Liability Company				
	rvanie or bin	mod Educinty Company		
The enclo	osed Articles of Organization and fee(s) as	re submitted for filing.		
Please return all correspondence concerning this matter to the following:				
_		5		
<u>C</u>	Cheryl Bernardi			
		Name of Person		
Cheryl Bernardi LLC				
		Firm/Company		
' 1	10921 Tangelo Terrad	ce		
	<u> </u>	Address		
Bo	onita Springs El 3/135			
	onita Springs, FI, 34135	City/State and Zip Code		
bernac341@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further	er information concerning this matter, plea	ase call:		
Cheryl Bernardi		at (239) 248 7931		
	Name of Person	Area Code & Daytime Telephone Number		
Enclosed	d is a check for the following amount:			
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:			
Cheryl Bernardi LLC			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
	incipal office of the Limited Liability Company is		
Principal Office Address:	Mailing Address:		
10921 Tangelo Terrace Bonita Springs, Fl 34135	10921 Tangelo Terrace Bonita Springs, FI 34135		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations) business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another		

Cheryl Bernardi

Name

10921 Tangelo Terrace

Florida street address (P.O. Box NOT acceptable)

Bonita Springs

FL 34135 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..

(CONTINUED)

Page 1 of 2

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

MGRM Cheryl Bernardi 10921 Tangelo Terrace Bonita Springs, FI 34135

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2012 (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:

Charl Bernards 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cheryl Bernardi

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)