

L12006069301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

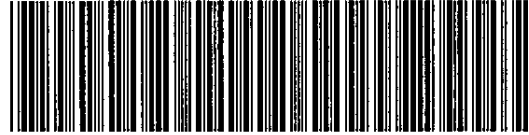
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2012 MAY 21 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
MAY 23 2012  
EXAMINER

Florida Dept. of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

May 15, 2012

To Whom It May Concern:

I am enclosing the forms required and fee of \$130.00 to establish a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes. Kindly process the application and forward my registration as soon as possible.

My name and address are as follows:

Judith Passela applying for "Best Practice Concepts" as an LLC  
8901 Aberdeen Creek Circle  
Riverview, FL 33569

Phone: 813 672-0190 or cell 813 748-7170

Thank you,



Judith Passela

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Best Practice Concepts, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Judith Passela**

Name of Person

**Best Practice Concepts, LLC**

Firm/Company

**8901 Aberdeen Creek Circle**

Address

**Riverview, FL 33569**

City/State and Zip Code

**bestpracticeconcepts@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Judy Passela**

Name of Person

at ( **813** ) **748-7170**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
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 Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2012 MAY 21 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Best Practice Concepts, 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:

8901 Aberdeen Creek Circle  
Riverview, FL 33569

### Mailing Address:

8901 Aberdeen Creek Circle  
Riverview, FL 33569

## 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:

Judith Passela

Name

8901 Aberdeen Creek Circle


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

Riverview

FL 33569

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Judith Passela

8901 Aberdeen Creek Circle

Riverview, FL 33569

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(Use attachment if necessary)


2012 MAY 21 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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.

(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.)

Judith Passela

\_\_\_\_\_  
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)**