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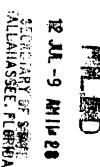
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EFFECTIVE DATE 07/06/12



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D. BRUCE
JUL 1 0 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ons						
SUBJECT: Berliner, B	utler, and Koc	h, LLC					
	Name of Limited I	Liability Compa	ny				
The enclosed Articles of Organia	zation and fee(s) are sub	mitted for filing	<u>,</u>				
Please return all correspondence	concerning this matter t	to the following	:				
Dr. Mindy Koo							
	Na	ame of Person					
	Fi	rm/Company					
21590 Kapok (Circle						
		Address					
Boca Raton, Flo					750 C.44	_ R I	
msk098@yahoo.o	·	tate and Zip Code			LAH	35	
	il address: (to be used for f	future annual repo	rt notification)		53 (S	-9	r
For further information concerni	ing this matter, please ca	iH:				A SE	
Dr. Mindy Koch		, <u>5</u> 61	901-5554		3	19	Û
Name of Person		Area Code	& Daytime Tele	phone Number	> '	_	
Enclosed is a check for the fo	llowing amount:						
	00 Filing Fee & lificate of Status	\$155.00 Filin Certified Cop (additional copy	рy	\$160.00 Fill Certificate of Certified Co (additional cop	of Status opy	&	
Regis Divis P.O. I	ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center C ee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	IC	LE	Į.	- N	am	e	•
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The name of the Limited Liability Company is:

Berliner, Butler, and Koch, 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:

Mailing Addmoson

Principal Office Address:	<u>Mailing Address:</u>
Dr. Mindy Koch	Dr. Mindy Koch
21590 Kapok Circle	21590 Kapok Circle
Boca Raton, FL 33433	Boca Raton, FL 33433

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:

Dr. Mindy Koch

21590 Kapok Circle

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

Boca Raton FL 33433
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)

Page 1 of 2

EFFECTIVE DATE 07/06/12

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	ember
MGR	Dr. Mindy Koch
	21590 Kapok Circle
	Boca Raton, FL 33433
MGRM	Mrs. Stephanie Butler
	1915 Fairfield Drive
	Dothan, AL 36303
MGRM	Mrs. Deborah Berliner
	3800 Barkis Avenue
	Boynton Beach, FL 33436
(Use attachment if necessa	ry)
	ner than the date of filing: July 6, 2012 . (OPTIONA ate must be specific and cannot be more than five business day ag.)
REQUIRED SIGNATUR	RE:

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

Dr. Mindy S. Koch

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)