

#L13000099763

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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000249038250

EFFECTIVE DATE
6-15-2013

.06/21/13--01012--009 **125.00

FILED
13 JUN 21 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL 15 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2013

JENNIFER NARDOZZI
2506 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

SUBJECT: THE BE COMPANY, LLC
Ref. Number: W13000036326

We have received your document for THE BE COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000000619 "BE, LLC".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 713A00015752

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Be Company, 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:

Jennifer Nardozzi
Name of Person

Jennifer Nardozzi, Psy.D, LLC
Firm/Company

2506 Ponce de Leon Blvd
Address

Coral Gables, FL 33134
City/State and Zip Code

jennifernardozzi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie May at (954) 288-2414
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (JN)

EFFECTIVE DATE
6-15-2013

The Be Company, LLC
Program

(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:

Mailing Address:

2506 Ponce de Leon Blvd
Coral Gables FL 33134

→ same

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:

Jennifer Narbozzi
Name

2506 Ponce de Leon Blvd
Florida street address (P.O. Box **NOT** acceptable)
Coral Gables FL 33134
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGRM

MGRM

MGRM

Name and Address:

Stephanie May
2295 NW Corporate Blvd #231
Boca Raton FL 33431

Jennifer Nardozi
2506 Ponce de Leon Blvd
Corral Gables FL 33134

Carolina Marin
101 Plaza Real South #226
Boca Raton FL 33432

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/15/13 (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:

Stephanie May
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.)

Stephanie May
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)