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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 2 1 2013 T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beads By Brumer 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:

Jessica Brumer Name of Person Beads By Brumer LLC Firm/Company 10742 Zurich Street Address Cooper City, FL 33026 City/State and Zip Code BeadsByBrumer@Gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Brumer

,954 (610-761)

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	ic
The name of the Emitted Liability Company	15.
Beads By Brumer LLC	
(Must end with the words "Limited Lie	ability 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:
10742 Zurich St	10742 Zurich St
Cooper City, FL 33026	Cooper City, FL 33026
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Charles Brumer Name Name Name Name (The Indian Street Name Name (The Indian Street Name Name (The Indian Street Name (The Indian Stree	
10742 Zurich Street	
	address (P.O. Box <u>NOT</u> acceptable)
Cooper City, FL 33026	FL State, and Zip
liability company at the place designated in registered agent and agree to act in this cap all statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as accity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S

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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jessica Brumer
	10742 Zurich St.
	Cooper City, FL 33026
	
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(Use attachment if necessary)	
CLE V: Effective date, if other the	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business ng.)
CLE V: Effective date, if other the effective date is listed, the date	must be specific and cannot be more than five business
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of fili REQUIRED SIGNATURE:	must be specific and cannot be more than five business
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of fili REQUIRED SIGNATURE: Signature of a m (In accordance with sectionstitutes an affirmation I am aware that any false	must be specific and cannot be more than five business ng.) nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of filisted and the effective date is listed, the date to or 90 days after the date of filisted and the effective date of filisted and the effective date of the effective date, if other the effective date is listed, the date of filished and effective date of the effectiv	must be specific and cannot be more than five business ng.) nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other the effective date is listed, the date to or 90 days after the date of fili REQUIRED SIGNATURE: Signature of a magnitude o	must be specific and cannot be more than five business ng.) nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2