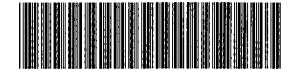
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Effective
date.
100/11/
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FEB -3 2014 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BEAR ROCK 29 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:	
Marian Horgan	
Name of Person	
Bear Rock 29 LLC	
Firm/Company	
27060 Richview Ct	
Address	
Bonita Springs FL 34135	
City/State and Zip Code	
winners2gether@gmail.com E-mail address: (to be used for future annual report notification	\
For further information concerning this matter, please call:	,
Marian Horgan 239 851.3094	
Name of Person Area Code Daytime Telephone Number	
Name of Ferson Area code Baytime Ferephone Names.	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	Filing Fee, ate of Status & Copy copy is enclosed)
Mailing Address Registration Section Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:		
Bear Rock 29 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 pr	rincipal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
27060 Richview Ct	27060 Richview Ct	
Bonita Springs FL 34135	Bonita Springs FL 34135	
(The Limited Liability Company cannot serve a another business entity with an active Florida r. The name and the Florida street address of the	registration.)	
Marian Horgan		
<u></u>	Name	•
27060 Richview Ct		
	(P.O. Box NOT acceptable)	-
Bonita Springs	FL 34135	_
City	Zip	
Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and acc	reby accept the appointment as registered provisions of all statutes relating to the pr	d agent and agree to act in this roper and complete performance
Registered Age	ent's Signature (REQUIRED)	
(C	CONTINUED)	SECIAL I
	Page I of 2	FILE SECKE ASSE

<u> Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
Ambr	Marian Horgan
	27060 Richview Ct
	Bonita Springs FL 34135
	
Use attachment if necessary)	
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