

L14000145343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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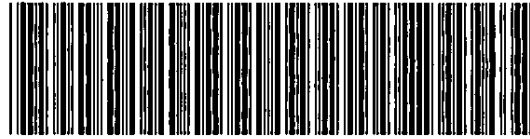
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. 1000 SEP 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bearchele Designs L.L.C.
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:

Michele Girard
Name of Person

Bearchele Designs L.L.C.
Firm/Company

28 DUNCAN DRIVE
Address

CRAWFORDVILLE FL 32327
City/State and Zip Code

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

For further information concerning this matter, please call:

Michele Girard at (850) 926-3339
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:

Bearchele Designs L.L.C.

(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:

28 DUNCAN DRIVE
CRAWFORDVILLE
FL 32327

Mailing Address:

P.O. Box 964
CRAWFORDVILLE FL
32326

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:

Michelle Girard
Name
28 DUNCAN DRIVE
Florida street address (P.O. Box **NOT** acceptable)
CRAWFORDVILLE FL 32327
City 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 605, F.S..

Michelle Girard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company:

—AMBR

Michelle Girard
28 DUNCAN DRIVE
CRAWFORDVILLE FL 32327

NONE

SIGNATURE: Michelle Liard

Michele Girard
Typed or printed name of signee

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

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