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SECRETARY OF STATE
SECRETARY OF STATE

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 2.1.C.
28 DUNCAN DRIVE
Address
CRAWFOROU. 1/e FL 32327 City/State and Zip Code
City/State and Zip Code
City/State and Zip Code Dearchele de Si 4ms E Gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michele Girard at (750) 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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status

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: Mailing Address:	
28 DUNCAN DRIVE P.O. BOY 964 CRAW FORDVILLE CRAW FORDVILLE FL FL 32327 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 another business entity with an active Florida registration.)	iual or
The name and the Florida street address of the registered agent are:	SE SE
michèle Girard	SEP FIL
Name	1955年二十
Florida street address (P,O. Box NOT acceptable)	三 连军 量 (
CO 15 00 1/0 2227	101 5
$\frac{(KAW10KD)(1K)}{\text{City}} = \frac{32317}{\text{Zip}}$	10 S

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Michèle Girard 28 DUNCAU DRIVE CRAWFORDVILLE PL 32327
/	
(Use attachment if necessary) CLE V: Effective date, if other than the da	ate of filing: . (OPTIONAL)
CLE V: Effective date, if other than the date ffective date is listed, the date must be steen of filling.)	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days af
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