45006620467

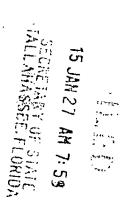
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
,		,
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



500268546745

01/27/15--01011--017 **130.00



A SHAVERS FEB 0 4 7075

COVER LETTER

	Registration Section Division of Corporations
SURJEC'	r. B.A.R. Scenic L.L.C.
GCBGEC	r: B.A.R. Scenic L.L.C. Name of Limited Liability Company
The enclo	sed Articles of Organization and fec(s) are submitted for filing.
	urn all correspondence concerning this matter to the following:
	Roger Predmore Name of Person
	Name of Person
	B.A.R. Scenic L.L.C. Firm/Company
	2150 NW 73'd Aue. Address
	Sunrise FL 33313
	City/State and Zip Code
	Sunrise FL 33313 City/State and Zip Code Predmore a wova, edu E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
Rog	Predmore at (954) 445 - 988 / Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Perephone Number
Enclosed	is a check for the following amount:
□ \$125.00 }	Filing Fee \(\begin{align*} \begin{align*} \$\sum \$\s
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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:
2150 NW 7312 Ave 2150 NW 7312 Ave Suncise FL 33313
2150 NW 7312 Ave 2150 NW 7312 Ave Sunrise FL 33313
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:
Roger Predmore
Name
Florida street address (P.O. Box NOT acceptable)
Sunrise FL 33313
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company of 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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Roger Predmore 2150 NW 7312 Ave	·
MGR	BENJAMIN JOSH I PORT LAULERUALE, FO	 -0EB <u>-</u> 33.
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)	of Slines (ODTIONAL)	
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to	or 90 days
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)		or 90 days
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)		or 90 days
CLE V: Effective date, if other than the date of ffective date is listed, the date must be spece of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State.	ent f
ELE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.) ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	ent