

L150000 40166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

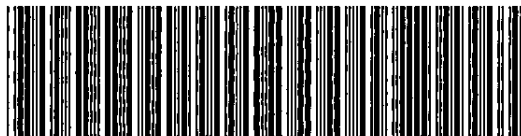
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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02/09/15--01022--005 **160.00

Effective Date

2/11/15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB -9 PM 12:26

FILED

MAR 05 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BERNOT BUSINESS GROUP, 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:

PATRICIA BERNOT
Name of Person

BERNOT BUSINESS GROUP, LLC
Firm/Company

600 GOODWIN AVENUE
Address

NEW SMYRNA BEACH, FL 32169
City/State and Zip Code

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

For further information concerning this matter, please call:

PATRICIA BERNOT at (386) 424-1646
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2015

PATRICIA BERNOT
600 GOODWIN AVENUE
NEW SMYRNA BEACH, FL 32169

SUBJECT: BERNOT BUSINESS GROUP, LLC
Ref. Number: W15000011698

We have received your document for BERNOT BUSINESS GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 9, 2015. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 415A00003344

FILED
2015 FEB -9 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective Date 2/11/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BERNOT BUSINESS GROUP, 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

600 GOODWIN AVENUE
NEW SMYRNA BEACH, FL 32169

600 GOODWIN AVENUE
NEW SMYRNA BEACH, FL 32169

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:

PATRICIA BERNOT

Name

600 GOODWIN AVENUE

Florida street address (P.O. Box **NOT** acceptable)

NEW SMYRNA BEACH

City

FL 32169

Zip

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..

Patricia Bernot

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

PATRICIA BERNOT

600 GOODWIN AVENUE

NEW SMYRNA BEACH, FL 32169

MGR

KIRK VANDERVOORT

600 GOODWIN AVENUE

NEW SMYRNA BEACH, FL 32169

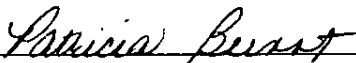
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 11, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PATRICIA BERNOT

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2015 FEB -9 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA