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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Bergstrom Properties, LLC	ted Liability Company
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma-	tter to the following:
Kenneth Bergstrom	
	Name of Person
	•
Berastrom Properties, LLC	
	Firm/Company
le:	
10700 Ravenna Way	3
•	Address
	•
Fort Myers, FL 33913	
Ci	ty/State and Zip Code
kenberg@crocker.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea-	se call:
Kenneth Bergstrom at (2	39: 472-4904
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 & ☐\$160.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

•		
Bergstrom Properties, LLC	A A C A C A C A C A C A C A C A C A C A	·
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the principa	il office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
10700 Ravenna Way 🔱 3 0 3 Fort Myers, FL 33913	10700 Ravenna Way # 30.3 Fort Myers, FL 33913	
		 -
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra	wn Registered Agent. You must designate an ind	
(The Limited Liability Company cannot serve as its o	wn Registered Agent. You must designate an indation.)	- 28
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra	wn Registered Agent. You must designate an indation.)	
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra.) The name and the Florida street address of the register. Kenneth Bergstrom	wn Registered Agent. You must designate an indation.)	
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra.) The name and the Florida street address of the register. Kenneth Bergstrom	wn Registered Agent. You must designate an ind ation.) cred agent are:	FILE TILE TILE TILE TILE TILE TILE TILE T
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra The name and the Florida street address of the registe Kenneth Bergstrom Na	wm Registered Agent. You must designate an ind ation.) cred agent are: ame	
(The Limited Liability Company cannot serve as its o another business entity with an active Florida registra The name and the Florida street address of the registe Kenneth Bergstrom Na 10700 Ravenna Way	wm Registered Agent. You must designate an ind ation.) cred agent are: ame	FILE TILE TILE TILE TILE TILE TILE TILE T

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

'AMBR" = Authorized Member 'MGR" = Manager		
'MGR" = Manager		
MGR	Kenneth Bergstrom	
	10700 Ravenna Way # 303	
	Fort Myers, FL 33913	
ctive date is listed, the date must be specifi	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 d	lays after
EV: Effective date, if other than the date of fi		lays after
EV: Effective date, if other than the date of fictive date is listed, the date must be specifif filing.)	c and cannot be more than five business days prior to or 90 d	lays after
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