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T. Burch CCTu 5 PMG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Becker Financial 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:	
William R. Becker Name of Person	
Name of Person	
Becker Financial Group LLC Firm/Company	
Firm/Company	
23430 Alamanda Prive, Unit 102	
Address /	
Bonita Springs, FL 34135 City/State and Zip Code	
Becker 922000 & Yahov. (om E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bill Bedeet at (248) 953-4512 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 (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)	ed)
Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES'OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Becker Financia L 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:
23430 Alamanda Drive 23430 Alamanda Dr. Unit 102 Bonita springs, FL 34135 Bonita Springs, FL 34135
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:
William R. Beckel ASS 15 Name Name
Bounta Socionas Fl. 34133
Bourta Springs FL 34133 FESTATION State Zip STATION
City State 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
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	William R. Becker 22430 Alamanda Prive Unit 102 Bonita Springs, FL 34135
	15 SEP 28 FM SECRETARY OF S NAME OF S
(Use attachment if necessary)	TARE NO CRIDA
he date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	

Filing Fees:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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

William R, Becker Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)