

L160000102209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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375 118th Ave SE  
Suite 118  
Bellevue, WA 98005



info@TotalLegal.com  
www.TotalLegal.com

Thank you for your TotalLegal® purchase. Enclosed you will find Articles of Organization, which are used to form a new Limited Liability Company (LLC) in Florida. Please follow the step-by-step guidelines provided below.

### Step 1: Review

- ☒ Carefully review the enclosed Articles of Organization before signing.

If any errors or omissions are identified, log in to your TotalLegal account and make the necessary changes. After submitting the changes, a revised document will be sent to you.

### Step 2: Sign

- ☒ Page 1: The Registered Agent must sign at the bottom of page.

Page 2: Each party listed must sign where indicated.

### Step 3: Payment and Filing Information

- ☒ File and pay state filing fee.

Mail the original signed Articles of Organization and Cover Letter, along with filing fee check made payable to "Florida Department of State."

State Fee Total: \$125.00

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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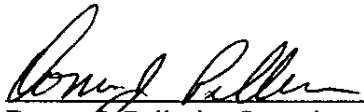
Once the Florida Division of Corporations has processed your Articles of Organization, your approved documents will be returned to you for your records.

Be Protected, LLC  
12303 NW 194 Terrace  
Alachua, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Be Protected, LLC:

Donna J. Pellerin  
12303 NW 194 Terrace  
Alachua, FL 32615

  
\_\_\_\_\_  
Donna J. Pellerin, Organizer

5-17-16  
Date

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Be Protected, 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:

Donna J. Pellerin

Name of Person

Be Protected, LLC

Firm/Company

12303 NW 194 Terrace

Address

Alachua, FL 32615

City/State and Zip Code

BeProtected123@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna J. Pellerin

Name of Person

at ( 352 ) 538-4424

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 &  
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  
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:

Be Protected, 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:**

12303 NW 194 Terrace  
Alachua, FL 32615

**Mailing Address:**

12303 NW 194 Terrace  
Alachua, FL 32615

**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:

Donna J. Pellerin

Name

12303 NW 194 Terrace

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

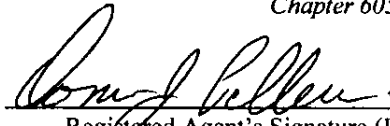
Alachua

City

FL 32615

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)

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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

MGR

**Name and Address:**

Donna J. Pellerin

12303 NW 194 Terrace

Alachua, FL 32615

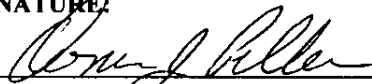
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Donna J. Pellerin

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)

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