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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	North River Errands & Concierge, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	David Berube
	Name of Person
	North River Errands & Concierge, LLC
	Firm/Company
	5013 119th Terrace East
	Address
	Parrish, Florida 34219
	City/State and Zip Code
	dberube56@aol.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	David Berube 941 7050723
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{S160.00 Filing Fee, Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} \text{ (additional copy is enclosed)} \text{ \$\ \text{Certified Copy} (a

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

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	d with the words "I imited I ishil	
ADTICLE II ALL	d will the words Elimited Elabi	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office o	f the Limited Liability Company is:
<u>Princi</u>	ipal Office Address:	Mailing Address:
5013 119th Terrace	East Parrish, Fl. 34219	5013 119th Terrace East Parrish, Florida 342
		
The Limited Liability Compar nother business entity with an	active Florida registration.)	ered Agent. You must designate an individual or
The Limited Liability Compar mother business entity with an	ny cannot serve as its own Regist n active Florida registration.) et address of the registered agent David Berube	ered Agent. You must designate an individual or are:
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The Limited Liability Compar mother business entity with an	ny cannot serve as its own Registration.) et address of the registered agent David Berube Nam 5013 119th Terrace East	ered Agent. You must designate an individual or are:

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
David Berube	5013 119th Terrace East
With the state of	Parrish, Florida
	34219
Cynthia Berube	5013 119th Terrace East
	Parrish, Florida
	34219
	
	
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CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a member This document is executed in	ekor an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
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REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infectorstitutes a third degree felto David Berube	exor an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. in a document to the Department of State only as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infectorstitutes a third degree felto David Berube	exor an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. commation submitted in a document to the Department of State
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