L16000230668

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



900293302989

12/22/16--01019--009 **130.00

16 DEC 22 AM ID: 54

12-23

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	BAIER CONSULTING INTE	RNATIONAL LLC	
SUBJECT.		of Limited Liabilit	y Company
The enclose	d Articles of Organization and fe	e(s) are submitted !	for filing.
Please retur	n all correspondence concerning (his matter to the fo	ollowing:
	JOHN BAIER		
•		Name of I	Person
		Firm/Con	npany
	3415 NORTH OCEAN DRIVE,		• •
•		Addre	SS
	HOLLYWOOD, FL 33019		
j.	ohnbaier@ft.newyorklife.com	City/State and	Zip Code
_	E-mail address: (to be	used for future an	nual report notification)
For further in	formation concerning this matter,	please call:	
1	JOHN BAIER	201 al ()	723-4652
_	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount	:	
]\$ 125.00 Fili	ing Fee \$130.00 Filing Fee Certificate of Stat	us ——Certifie	Siling Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations	N C	Street Address New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
BAIER CONSULTING INTERNATIONAL LLC	(Company #1 C " - #1 C "
(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	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
3415 North Ocean Drive, Unit #502 Hollywood, FL 33019	3415 North Ocean Drive, Unit #502 Hollywood, FL 33019
	170119 77000, 1 2 33017
ARTICLE III - Registered Agent, Registered Office, & Regist The Limited Liability Company cannot serve as its own Registered mother business entity with an active Florida registration.)	ed Agent. You must designate an individual or
The name and the Florida street address of the registered agent are):
John Baier	
Name	
3415 North Ocean Blvd., Unit Florida street address (P.O. Bo	· · · · · · · · · · · · · · · · · · ·

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..

FL

State

Hollywood

City

Registered Agent's Signature (REQUIRED)

33019

Zip

(CONTINUED)

Page Lof2

16 DEC 22 AM IO: 54

R" = Manager BR John Baier 3415 North Ocean Drive, Unit #502 Hollywood, FL 33019	., Unit #502		BR" = Authorized Member R" = Manager BR	'MGR" = M
John Baier 3415 North Ocean Drive, Unit #502 Hollywood, FL 33019 BR Denise Baier 3415 North Ocean Drive, Unit #502 Hollywood, FL 33019	., Unit #502		<u>BR</u>	AMBR
3415 North Ocean Drive, Unit #502 Hollywood, FL 33019 BR Denise Baier 3415 North Ocean Drive, Unit #502 Hollywood, FL 33019	., Unit #502			
Denise Baier 3415 North Ocean Drive, Unit #502 Hollywood, FL 33019	., Unit #502		3R	AMBR
Denise Baier 3415 North Ocean Drive, Unit #502 Hollywood, FL 33019			BR	AMBR
3415 North Ocean Drive, Unit #502 Hollywood, FL 33019			BR	AMBR
Hollywood, FL 33019				
				
	,			
attachment if necessary)			attachment if necessary)	Use attachn
s effective date on the Department of State's records.		irtment of State 8 i	Other provisions, if any.	
•				
•			UIRED SIGNATURE:	EOUIREI
Other provisions, if any. UIRED SIGNATURE:				
Other provisions, if any. UIRED SIGNATURE:		1.0		
Other provisions, if any. UIRED SIGNATURE: - Bau-	itive of a member.		Signature	
Other provisions, if any. UIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State	0203 (1) (b), Florida Statutes.	of a member or a sexecuted in acco	This document is	
Other provisions, if any. UIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statu I am aware that any false information submitted in a document to the Department of Status	0203 (1) (b), Florida Statutes. ent to the Department of State	of a member or a s executed in acco my false information	This document is I am aware that a	
Other provisions, if any. UIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State	0203 (1) (b), Florida Statutes. ent to the Department of State	of a member or a s executed in acco my false information	This document is I am aware that a	
Other provisions, if any. UIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statt I am aware that any false information submitted in a document to the Department of Sconstitutes a third degree felony as provided for in s.817.155, F.S.	0203 (1) (b), Florida Statutes. ent to the Department of State	of a member or a s executed in acco my false information d degree felony as	This document is I am aware that a constitutes a third	
Other provisions, if any. UIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State I am aware that any false information submitted in a document to the Department of Sconstitutes a third degree felony as provided for in s.817.155, F.S. John Baier	0203 (1) (b), Florida Statutes. ent to the Department of State	of a member or a s executed in acco my false information d degree felony as	This document is I am aware that a constitutes a third	
Other provisions, if any. UIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statt I am aware that any false information submitted in a document to the Department of Sconstitutes a third degree felony as provided for in s.817.155, F.S.	0203 (1) (b), Florida Statutes. ent to the Department of State	of a member or a s executed in acco my false information d degree felony as	This document is I am aware that a constitutes a third	

Page 2 of 2



Brian K. Duffey, J.D., AEP® Shareholder Sydney A. Smith, J.D. Associate 350 Camino Gardens Blvd., Suite 303 Boca Raton, Florida 33432 **Phone:** 561.862.4176 | Fax: 561.862.4983 www.duffey-law.com

December 22, 2016

VIA FEDERAL EXPRESS

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

Re: Baier Consulting International, LLC; John & Denise Baier

To Whom It May Concern:

Enclosed kindly find the Cover Letter and Articles of Organization for Florida Limited Liability Company and our client's check in the amount of \$130.00 to register the above reference limited liability company and receive Certificate of Status.

Please return the confirmation to us in the self-addressed stamped envelope provided when the company is registered.

If there are any questions, please contact me at the number listed above.

Very truly yours,

THE DUFFEY LAW FIRM

By: Rona Deutch, Paralegal for Sydney A. Smith, Esq.

SAS/rad Enclosures

cc: John & Denise Baier (via electronic mail: baier.consultinginternational@gmail.com)