

L200 0000 7873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

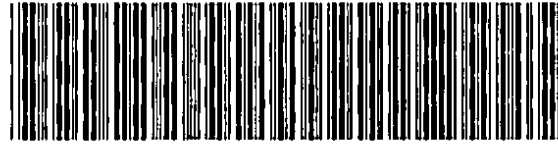
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JAN 13 2020

19 DEC 19 PM 2:29

12/10/19

1 Cate St
Suite 100
Portsmouth NH 03801
Attn: Katelyn Payne

To Whom It May Concern,

Please find included in this envelope the formation documents for Begin Anew, LLC and the accompanying check for \$125. Should any questions arise, I am reachable at (207) 358-2105.

Thank you,

A handwritten signature in black ink, appearing to read 'Katelyn Payne', with a long horizontal flourish extending to the right.

Katelyn Payne

19 DEC 19 PM 2:29

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Begin Anew, 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:

Robert Desrosiers

Name of Person

Begin Anew, LLC

Firm/Company

1 Cate Street, Suite 100

Address

Portsmouth, NH 03801

City/State and Zip Code

rdesrosiers@cateops.com

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

For further information concerning this matter, please call:

Robert Desrosiers	603	319-4400
_____ Name of Person	at (_____ Area Code) _____ Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Begin Anew, LLC

(Must contain 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:

1 Cate St
Suite 100
Portsmouth, NH 03801

1 Cate St
Suite 100
Portsmouth, NH 03801


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:

Paracorp Incorporated
Name
155 Office Plaza Drive, 1st Floor
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
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..

 Jody Moua, Asst. Secretary, Paracorp Incorporated
Registered Agent's Signature (REQUIRED)

(CONTINUED)

1500111000000

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member

"MGR" = Manager

Robert Destrosiers

1 Cate St, Suite 100

Portsmouth, NH 03801

MGR

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Rtd

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.

Robert Desrosiers

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)

S 5.00 Certificate of Status (Optional)

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