Division of Corporations

# L 2 Florid Begar Act Of State 6027

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000413603)))

Note: DO N	H2000004138 OT hit the REFRESH/RELOAD but will generate anoth	03ABCQ ton on your biner cover shee	rowser from	this page.	78035 88030 880108 800108 800108 800108 80008 80008 80008 80008 80008 80008 80008 80008 80008 80008 80008 8	9090 FFR S	7
To:	Division of Corporations Fax Number : (850)617-6	381				₽# h: h0	ן כ
From:	Account Name : C T CORPOR Account Number : FCA0000000 Phone : (614)280-3 Fax Number : (954)208-3	123 1338	м	_	•		
an	the email address for this bus hual report mailings. Enter on ail Address:	iness entit ly one email	y to be use address p	ed for futilease.**	טירבס.	THO I	ショウロ
an	nual report mailings. Enter on	D LIABILIT	TY CO.	ed for futilease.**		P [	うにつれにくてい
an	nual report mailings. Enter on ail Address: FLORIDA LIMITE	D LIABILIT	TY CO.	lease.**		KECLUS - 19 2:51	うれつれにくれつ
an	FLORIDA LIMITE  Bentley's Sacre	D LIABILIT	TY CO.	ed for futilease.**		P [	うけつけいてい
an	FLORIDA LIMITE  Bentley's Sacre  Certificate of Status	D LIABILIT	TY CO.	ed for futilease.**		P [	うのつかにくのし

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH FEB 6 2020

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Bentley's Sacred Space, 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:

3112 Pass-A-Grille Way 3112 Pass-A-Grille Way St. Pete Beach, FL 33706 St. Pete Beach, FL 33706

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:

Beth Bentley

Name

3110 Pass-A-Grille

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

33706 St. Pete Beach Florida 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 l 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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Beth Bentley	
	St. Pete Beach, FL 33706	A.E.G.
<u>MGR</u>	Beth Bentley 3110 Pass-A-Grille Way St. Pete Beach, Fl. 33706	A A A S S E
		OF SIA
		·
(Use attachment if necessary)		
LEV: Effective date, if other than the dat ffective date is listed, the date must be sp of filing.) If the date inserted in this block does not	pecific and cannot be more than five business da meet the applicable statutory filing requirements.	ys prior to or 90 c
LE V: Effective date, if other than the dat ffective date is listed, the date must be specifiling.)	pecific and cannot be more than five business da meet the applicable statutory filing requirements.	ys prior to or 90 c
LEV: Effective date, if other than the dat ffective date is listed, the date must be sp of filing.) If the date inserted in this block does not ument's effective date on the Department	pecific and cannot be more than five business da meet the applicable statutory filing requirements.	ys prior to or 90 c
LE V: Effective date, if other than the dat ffective date is listed, the date must be sp of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a re This document is exect I am aware that any false	pecific and cannot be more than five business da meet the applicable statutory filing requirements.	ys prior to or 90 c this date will not b mer. Flooda Statutes.

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)