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## **COVER LETTER**

SUBJECT: BERWYN LEVITT MARKETING LLC Name of Limited Liability Company	
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:	
JAMES P. BIRT Name of Person	1 × × × × × × × × × × × × × × × × × × ×
BERWYN LEVITI MARKETING LLC Firm/Company	St. A.
5324 Tide Water STREET # 524 Address	•
Lees burg FL 34748  City/State and Zip Code	
-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
JAMPS P. Birt at (513) 5/3-939-7525  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street Address	
New Filing Section New Filing Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 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:

BERWYN LeviTI MarkeTin  (Must contain the words "Limited Liability Company)	v9 LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite	
Principal Office Address:	Mailing Address:
5324 TideWater STREET #524 Leesburg FL 34748	
1 8es burg FL 34748	
	20
ARTICLE III - Registered Agent, Registered Office, & Registered Ag (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	ent's Signature:
The name and the Florida street address of the registered agent are:	æ
JAMES P. BIRT Name	
5324 Tidewater Sta Florida street address (P.O. Box NOT	accompletely
	•
Leesbong FL City State	34748
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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager OWNER (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: AN UAN 4 1, 2020. (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 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, that works with food and beverage monthaginess. REQUIRED SIGNATURE:

Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)