L2000058594

(Req.	uestor's Name)	
(Add	ress)	
(Àddi	ress)	
,	,	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Due)	iness Entity Nar	
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2020 FEB 25 PH 1: 48

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Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

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Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops mstops@incserv.com 850.656.7953

REQUEST_DATE 2/25/2020

PRIORITY Routine

OUR REF #_(Order ID#) 810517

ORDER ENTITY
BERI HOLDINGS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BERI HOLDINGS LLC (FL)

New LLC filing

NOTES: \$125.00 Authorized

Email address for annual report reminders: shelems@sundocfilings.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, February 25, 2020 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:			
Beri Holdings LI	<u>.c_</u>			
(Must o	conatin the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal (office of the Li	mited Liability Company is:	
Prin	cipal Office Address:		Mailing Address:	
9100 WILSHIRE BEVERLY HILL	BLVD SUITE 362W S, CA 90212		9100 WILSHIRE BLVD SUITE 362W BEVERLY HILLS, CA 90212	
ARTICLE III - Registered The Limited Liability Comp mother business entity with	any cannot serve as its own	Registered A	Agent's Signature: gent. You must designate an individual or	
The name and the Florida str	eet address of the registered	d agent are:		
	<u>Registered</u> Ager	nts Inc.		
		Name		
	7901 4th St N, STE 3			
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptable)	
	St. Petersburg	FL	33702	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	AMIT RAJ BERI 9100 WILSHIRE BLVD SUITE 362W LOS ANGELES, CA 90212
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does ocument's effective date on the Department.	to date of filing:
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does ocument's effective date on the Department.	not meet the applicable stantory filing requirements, this date will not be lie
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does ocument's effective date on the Departs CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be lisment of State's records.
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does occument's effective date on the Departs occument's effective date of filing.)	not meet the applicable stantory filing requirements, this date will not be lie
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does ocument's effective date on the Department's effective date on the Department of the Departmen	not meet the applicable statutory filing requirements, this date will not be list ment of State's records. a member or an authorized representative of a member. xecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.