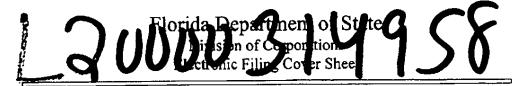
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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.

(((H20000357590 3)))



H200003575903ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811

Fax Number : (718

: (718) 732-4580

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: sales@fileacorp.com

## FLORIDA LIMITED LIABILITY CO. BEAUCLERC FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**CET 1 5 2020** 

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

Fax reference: H20000357590 3

## **COVER LETTER**

TO:	New Filing Section Division of Corporations
CHBIC	BEAUCLERC FL LLC
SUBJEC	Name of Limited Liability Company
The encl	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Name of Person
	FILE RIGHT LLC
	Firm/Company
	5314 16TH AVENUE SUITE 139
	Address
	BROOKLYN, NY 11204  City/State and Zip Code
	sales@fileacorp.com
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
	RACHEL 718 878-5811
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
<b>₹</b> 125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Fax reference: H20000357590 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: **BEAUCLERC FL 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: Mailing Address: Principal Office Address: 4403 15TH AVENUE, SUITE 192 4403 15TH AVENUE, SUITE 192 BROOKLYN, NY 11219 BROOKLYN, NY 11219 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: **BUSINESS FILINGS INCORPORATED** Name

1200 SOUTH PINE ISLAND ROAD

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

PLANTATION City

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

State

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

Oplia Coultage Asst Sec Business Filings Fromporoded
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

2020 OCT 14 AM 9: 59

17187959036 From: Mark Fuchs

Fax reference: H20000357590 3

Fax reference: H20000357590 3

		Name and Address:
	Authorized Member	
"MGR" = M.	anager	MENDEL CTED CD
MGR		MENDEL STEINER 4403 ISTH AVENUE, SUITE 192
		BROOKLYN, NY 11219
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