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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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SECRETAL INTER

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Best 2 Believe 14 Estates Name of Limited Liability Compa	LCC.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Eduidse Bertane Name of Person	A
Name of Person	
Firm/Company	
1371 NW 37 St	
Address	
M. Comi The	33142
City/State and Zip Coo	33/42
EBer 05/3/949400.	
E-mail address: (to be used for future annual rep	
For further information concerning this matter, please call:	
Edwidse Bertrald at 716 53	9 - 8490
Name of Person Area Code Dayti	me Telephone Number
Enclosed is a check for the following amount:	
≥ \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee &	Certificate of Status &
Mailing Address Street A	
New Filing Section New Fil	ing Section Division
Division of Corporations The Cer	ntre of Tailahassee

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: The name of the Limited Liabil		weit Tste	ites uc.		
(Must co	ntain the words "Limited Li	iability Company, "I	.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street					
Princ	inal Office Address:		Mailing Address:		
137/ NW Mam,	, 39 St , FC 3 7/42		371 NW 375 + MIGMI, PLL 3314	2	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stro	iny cannot serve as its own in active Florida registration set address of the registered Eduids	n.) agent are: Berkar Name	A CA	SECRETARY OF STATE SALLAHASEE, FL	,
	1371 WO Florida street addres	ンタ 3 F 2T	centable)	អំនុ 🚆	<u> </u>
	riorida street addres	el L	33142	A THE	
	Migm, City	State	Zip	VTE	
place designated in this certific	eate, I hereby accept the app the provisions of all statutes r the obligations of my position	relating to the proper	above stated limited liability coned agent and agree to act in this and complete performance of mass provided for in Chapter 605, i	y duties, and I	
	Regis	stered Agent's Signa	ture (REQUIRED)		

(CONTINUED)

e: MBR" = Authorized Member GR" = Manager TMBL	
GR" = Manager	m to take 2. I a d
TMBR	and the fact of the second
, v. p	Idwidse Bernand
	Edwidse Bertana 1371 AW 37 5t Mami, Rl 33142
	Mamij R1 33172
tive date is distent the date must be "P	of filing:
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filing.) the date inserted in this block does not rent's effective date on the Department VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not of State's records.
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ARTICLE IV-