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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE BUREAU HOU	SE LLC			
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	<u>-</u>			
	·			Art of Inc. File
		ļ		LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	07/12/22			UCC 1 or 3 File
	06/13/22			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In Thom (svins, CA, 8/00)	Will Pick Up			Courier



June 10, 2022

CAPITAL CONNECTION

SUBJECT: THE BUREAU HOUSE, LLC

Ref. Number: W22000077785

We have received your document for THE BUREAU HOUSE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 322A00013028

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN 13 PM	1:04
TALLAHASSE	े क्र ि

THE BUREAU HOUSE, 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:

3050 BISCAYNE BLVD	3050 BISCAYNE BLVD
SUITE 503	SUITE 503
MIAMI, FL 33137	MIAMI, FL 33137

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:

LAW OFFICES OF SCO	TT A FRANI	ζ, P Λ
Na	ime	
3201 W COMMERCIAL	BLVD, SUI'I	E 218
Florida street address (P.	O. Box <u>NOT</u>	acceptable)
FORT LAUDERDALE	FL	33309
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 Agont's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address;		
"MGR" = Manager <u>MGR</u>	THE BUREAU HOUSE MANAGEMENT, LLC 3050 BISCAYJE BLVD, SUITE 503 MIAMI, FL 33137		
	2022 JUN I		
	SSEE II		
(Use attachment if necessary) ARTICLE V: Effective date if other than the	date of filing:		
(If an effective date is listed, the date must be the date of filing.)	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
This document is ex I am aware that any	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.		
SCOTT A FR	ANK, DULY AUTHORIZED Typed or printed name of signee		

The name and address of each person authorized to manage and control the Limited Liability Company:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)