

L22000300202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

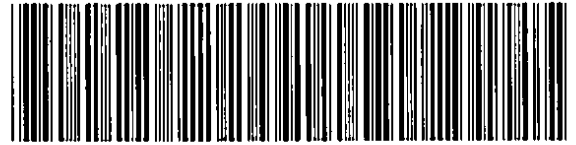
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500373316545

07/07/22--01005--022 **125.00

RECEIVED
2022 JUL -7 PM 12:3
ALLAHABAD, INDIA
2022 JUL -7 PM 2:08
ALLAHABAD, INDIA

[Handwritten signature]

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

125

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 07/07/2022

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. Bernos Interior Design & Styling LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
2022 JUL - 7 PM 2:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
BERNOS INTERIOR DESIGN & STYLING, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**9000 SHERIDAN STREET STE 138
PEMBROKE PINES, FL 33024**

Mailing Address:

**9000 SHERIDAN STREET STE 138
PEMBROKE PINES, FL 33024**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**RCG ACCOUNTING & ASSOCIATES, INC.
9000 SHERIDAN STREET SUITE 138
PEMBROKE PINES, FL 33024**

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.

/S/ DEBORAH RIOS, EA

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Members/Managers

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**MERON GUDISSA
9000 SHERIDAN STREET
SUITE 138
PEMBROKE PINES, FL 33024**

AMBR

**ANDENET M. WONDIMAGEGNEHU
9000 SHERIDAN STREET
SUITE 138
PEMBROKE PINES, FL 33024**

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is July 7, 2022.

REQUIRED SIGNATURE:

/S/ MERON GUDISSA

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

/S/ MERON GUDISSA

Typed or printed name of signee

FILED
2022 JUL -7 PM 2:08
CLERK OF STATE
TALLAHASSEE, FLORIDA