8/29/22, 5:03 PM

## Electronic Filing Cover Sheet

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(((H22000292781 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC. Account Number : I20190000121 Phone : (718)925-2025 Fax Number : (718)925-2027

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Email Address: service@fileitusa.com

## FLORIDA LIMITED LIABILITY CO.

## 1292 Beauregard LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

Time 08/29/22 05:06PM Pages: 3 P: 2/3 C8/29/2022 17:06 From: 17189252027 To: 18506176381 Date (((H22000292781 3))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: 1292 Beauregard LLC (Must conatin 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: Principal Office Address: **Mailing Address:** 20229 NE 16th Place 20229 NE 16th Place Miami, FL 33179 Miami, FL 33179 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: Menachen Bonnardel Name 20229 NE 16th Place Florida street address (P.O. Box NOT acceptable) Zip State City 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/Menachen Bonnardel

/s/ Menachen Bonnardel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

· 08/29/2022 17:06

From:17189252027 To:18506176381 Date Time 08/29/22 05:06PM Pages: 3 P: 3/3

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(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot late of filing.)  e: If the date inserted in this block does not meet the application document's effective date on the Department of State's reconstitute.	262 
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REQUIRED SIGNATURE:	
/S/ Menachen Bonnards	r
Signature of a member or an au This document is executed in accordan I am aware that any false information si constitutes a third degree felony as prov	

## Filing Fees:

Typed or printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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