Division of Corporations Electronic Filing Cover Sheet

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(((H22000343034 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KATZ BASKIES & WOLF PLLC

Account Number : 120080000071 Phone : (561)910-5700 : (561)910-5701 Fax Number

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

FLORIDA LIMITED LIABILITY CO. Bardels Holdings LLC

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October 7, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KATZ BASKIES & WPLF PLLC

SUBJECT: BARDELS LLC REF: W22000127187

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is J91784 (BAR DEL, INC.).

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

Dil Sultana Regulatory Specialist II FAX Aud. #: H22000343034 Letter Number: 822A00022474

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COVER LETTER

TO:	New Filing Sect Division of Cor							
SUBJE	Bardels	Holdings LL	C					
aume				d Liabil	Ity Company			
The en	closed Articles of	Organization and f	ee(s) are si	ıbmitted	l for filing.			
Please	return all correspo	udence concerning	, this matte	s to the	following:			
	Thomas O. K	BIZ						
			ì	Name of	Person			_
	Katz Baskies	& Wolf PLLC						
				Flrm/Co	ompany	<u> </u>		
	3020 North N	Military Trail Sulte	100					
		·		Add	ress		_	
	Boca Raton.	FL 33431						
	Lhomas.katz@	katzbaskies.com	City	/State at	nd Zip Code	· · · · ·		_
			be used fo	r future	annual report notificati	on)		_
For furt	her Information co	ncerning this matte	r, please c	all:				
	Thomas O. K	aiz	561 at (910-5700			
	Nam	e of Person		Code	Daytime Telephon	e Number		
Enclos	sed is a check for t	he following amou	מ:					22 00
⊟\$ 12	5.00 Filing Fee	□\$130.00 Filin Certificate of St	slus	Certif	55,00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Certificate Certified C (additional c	of Status Copy opy is end	closed)
	New F Divisio P.O. B	e Address Uing Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	Charles	35 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bardels Holdings LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
162 E Inlet Drive	162 E Inlet Drvie
	Palm Beach, FL 33480
Palm Beach, FL 33480	

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

David H. Shulman		
·····	Name	
162 E Inlet Drvie		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)
Palm Beach	FL	33486
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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR	Dayid H. Shulman 162 E Inlet Drive
	Palm Beach, FL 33480
	
(Use attachment if necessary) LE V: Effective date, if other than	the date of filing: (OPTIONAL)
TLE V: Effective date, if other than ffective date is listed, the date in e of filing.) If the date inserted in this block of the date inserted at the Decrease on the Decrease in the Decrea	ust be specific and cannot be more than five business days prior to or 90 d oes not meet the applicable statutory filing requirements, this date will not be
TLE V: Effective date, if other than ffective date is listed, the date in e of filing.) If the date inserted in this block of the date inserted in the date in the	ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statulory filing requirements, this date will not be partment of State's records.
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CLE V: Effective date, if other that ffective date is listed, the date in e of filing.) If the date inserted in this block of frument's effective date on the De CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a th	e of a member or an authorized representative of a member. Is executed in accordance with section 605.0203 (1) (b), Florida; Statutes. A any false information submitted in a document to the Department of State is