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3 JAN 17 ::: 3: 1

DATE: January 12, 2023

TO: Florida Department of State – Division of Corporations

FROM: John M Giunta

RE: New LLC Application \$125 check enclosed for filing fee

Please see enclosed Articles of Organization for: BERWICK + MUIR, LLC

John M Giunta 8905 W Sunrise Blvd Planation, FL 33322 954-548-9388 jonmgin@att.net

# COVER LETTER

TO:	New Filing Section Division of Corporations			
SIID IE	BERWICK + MUIR			
SUBJEC	Nar	ne of Limited Liab	ility Company	
The encl	osed Articles of Organization and	fee(s) are submitte	d for filing.	
Please re	turn all correspondence concernin	g this matter to the	following:	
	JOHN M GIUNTA			
		Name (	of Person	
	BERWICK + MUIR			
		Firm/C	ompany	
	8905 West Sunrsie Blvd			
		Ade	iress	
	Plantation, FL 33322			
	jonmgin@att.net	City/State a	nd Zip Code	
	E-mail address: (to	be used for future	annual report notificati	on)
For further	r information concerning this matt	er, please call:		
	John M Giunta	954 at (	548-9388	
	Name of Person	Area Code	Daytime Telephone	e Number
Enclosed	l is a check for the following amou	int:		
<b>≣</b> \$125.	00 Filing Fee ☐\$130,00 Filin Certificate of S	tatus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Αŀ	łΤ	ICI	Æ.	-	Na	me

The name of the Limited Liability Company is:

BERWICK + MUIR, 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:

Principal Office Address:
---------------------------

Mailing Address:

8905 W Sunrise Blvd	8905 W Sunrise Blvd
Plantation, FL 33322	Plantation, FL 33322

## 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:

John M Giunta		
	Name	
8905 W Sunrise Bly	d	
Florida street addres	ss (P.O. Box <u><b>NOT</b></u> ac	rceptable)
Plantation	F1.	33322
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 Agent's Signature (REQUIRED)

(CONTINUED)

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# ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	John M Giunta
	8905 W Sunrise Blyd
	Plantation, FI, 33322
	<del></del>
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(Use attachment if necessary)	
•	
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