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(Business Entity Name)
(Document Number)
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S. CHATHAM
FEB 17 2023

2023 FEB | 6 MM 9: 56 SEGRETARY OF STAIL TALLARASSEE FA

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 125.00 AUTHORIZATION SIGNATURE: \_ BEDFORD USA LLC Document Number, (if known): Business Name Walk in Pick up time\_\_\_\_ Will wait Photocopy \_\_\_ Mail out \_\_\_ Certified Copy of the Articles of Organization \_\_\_ Certificate of Status **AMMENDMENTS NEW FILINGS** \_\_\_Amendment Profit \_\_\_\_ Designation of R.A. Officer/Director Not for Profit \_\_\_Change of Registered Agent X Limited Liability Domestication Revocation of Dissolution \_\_ \_Merger Other \_\_Conversion CORP \_\_\_\_ Amended and restated Articles PLLC Statement of Authority REGISTERATION/QUALIFICATIONS OTHER FILINGS Foreign filing Annual Report \_\_Limited Partnership \_\_\_ Reinstatement Fictitious Name APOSTILLE() \_ Other Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:\_\_\_\_

FLORIDA CAPITAL COURIER SERVICE 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	ES. INC
PLEASE USE FUNDS FROM THIS ACCO AUTHORIZATION SIGNATURE:	OUNT: 120210000160 AMOUNT: \$ 125.00
BEDFORD USA LLC	ment Number, (if known):
Walk in	Pick up time
Mail out	Will wait Photocopy
Certified Copy of the Articles of Org Certificate of Status	anization
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication Other CORP PLLC	AmendmentDesignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLE() Country	Other

EXAMINIER'S INITIALS:\_\_\_\_

## **COVER LETTER**

то:	New Filing Sec Division of Cor				
SUBJE	Bedford U	SA LLC			
.,,,,,,,	<u> </u>	Name of I	imited Lia	bility Company	
The enc	losed Articles of	Organization and fee(s)	are submit	ted for filing.	
Please r	eturn all correspo	ondence concerning this	matter to th	ne following:	
	MARTIN E	DELLOCA			
			Name	of Person	
	MDELL CO	NSULTING CORP			
			Firmv	Company	
	848 BRICK	ELL AVE STE 1130			
			Λ	idress	
	MIAMI, FL.	33131			
	MDELLOCA	@MDELLCONSULTIN	•	and Zip Code	
	<u> </u>	E-mail address: (to be use	ed for futu	re annual report notifical	tion)
For furthe	er information co	ncerning this matter, plea	ase call:		
	MARTIN E (		305	6073493	
	Nam	e of Person	Area Code	Daytime Telephor	ne Number
Enclose	d is a check for t	he following amount:			
■\$125	.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Cer	1155.00 Filing Fee & tified Copy ional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ig Address		Street Address New Filing Section [	Division

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
Bedford USA LLC	ain the words "Limited	Liability Company, "L.1	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad			
<u>Princip</u> :	ıl Office Address:		Mailing Address:
848 BRICKELL AVI STE 1130 MIAMI, FL, 33131		STE 11:	ICKELL AVE 30 FL, 33131
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its owr	i Registered Agent. You	Signature: must designate an individual or
The name and the Florida street	nddress of the registere	d agent are:	
	BLUEMAX PARTN	Name	
	848 BRICKELL AV Florida street addres	E STE 1130 ss (P.O. Box <u>NOT</u> accep	ntable)
	MIAMI	FLORIDA	33131
	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)

2023 FEB 16 AM 9: 56
SECRETARY OF STATE

ARTICLE IV-

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

"MGR" = Manager  MGR   Mia Biz Group LLC   848 BRICKELL AVE STE 1130   MIAMI, FL, 33131    (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	Title:		Name and Address:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:					
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	-		Mia Riz Group LLC		
(Use attachment if necessary)  LEV: Effective date: if other than the date of filing:	MOIT	<del></del>	848 BRICKELL AVE STE 1130		
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			MIAMI, FL, 33131	<del></del>	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:					
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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.  MARTIN E DELLOCA  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  Signature of Optional)  (OPTIONAL)  (OPT	<del></del>				
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