L25000033990

(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

200441841722

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2025 JAN 21 PM 12:23

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

2025 JAN 21 AM 9:47

REQUEST DATE 1/21/2025 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1342242

ORDER ENTITY
BONJOUR FLORIDE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
BONJOUR FLORIDE, LLC (FL)

New LLC filing

NOTES:
$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BONJOUR FLORIDE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry J. Behar
Name of Person

Behar Law Group
Firm/Company

888 Southeast Third Avenue, Suite # 400
Address

Fort Lauderdale, Florida 33316
City/State and Zip Code

larry@e2lawyer.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

DAPHNE GRIFFIN at (954) 524 8888
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional 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 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 Liability Company is:

BONJOUR FLORIDE, 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:
888 Southeast Third Avenue, Suite # 400	888 Southeast Third Avenue, Suite # 400
Fort Lauderdale, Florida 33316	Fort Lauderdale, Florida 33316

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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:

Larry J. Behar
Name

888 Southeast Third Avenue, Suite # 400
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale	Florida	33316
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)

ARTICLE IV-
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	Catherine Thomas 888 Southeast Third Avenue, Suite # 400 Fort Lauderdale, Florida 33316

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____
_____
_____

REQUIRED SIGNATURE:

_____
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.

Larry J. Behar
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA
SECRETARY OF STATE

APPLICATION TO RESERVE A CORPORATE NAME

1. The name to be reserved:

BONJOUR FLORIDE, LLC

2. Name, address and signature of applicant:

LARRY J. BEHAR
(Name)

888 SE 3RD AVE., SUITE 400
(Street Address)

FT. LAUDERDALE FL 33316
(City, State, Zip Code)

Date: 12/20/24

(Signature)

LARRY J. BEHAR
(Type or Print Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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