

M20000007861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

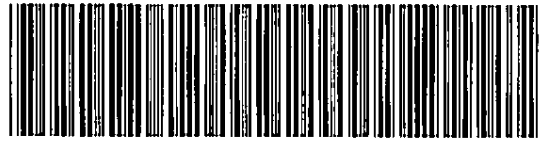
(Document Number)

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2020 SEP 11 PM 2:11  
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FILED

SEP 11 2020

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bespoke LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Wood  
Name of Person

Bespoke LLC  
Firm/Company

936 Conti St. #13  
Address

New Orleans, LA 70112  
City/State and Zip Code

jennifer@bespokeprivate tours.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Wood at ( 504 ) 534-8874 ext. 5  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: ~~FLORIDA DEPARTMENT OF~~ **STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605, (AL FLORIDA) STATUTES, THE FOLLOWING ARE SUBMITTED TO THE SECRETARY OF STATE FOR AUTHORIZATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bespoke LLC  
(Name of foreign limited liability company must include "limited liability company," "LLC," or "LLP.")

BESPOKE PRIVATE TOURS LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "limited liability company," "LLC," or "LLP.")

2. Louisiana 3. 46-1909673  
(Jurisdiction under the law of which is organized) (Tax number, if applicable)

4. 4-1-2020  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15720 SW 76 Avenue 6. Same  
(Street Address of Principal Office) (Mailing Address)

Palmetto Bay, FL 33157

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Russell Pike

Office Address: 15720 SW 76th Avenue  
Palmetto Bay, Florida 33157  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Russell Pike  
(Signature of registered agent)

FILED  
2020 SEP 11 PM 2:11  
CLERK OF STATE  
TALLAHASSEE, FL 32307

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

Title or Capacity: Name and Address:  
☒ Manager Name: Jennifer Wood  
☒ Member Address: 936 Conti St.  
☐ Authorized #13  
Person New Orleans, LA 70112  
☐ Other ☐ Other

Title or Capacity: Name and Address:  
☒ Manager Name: Travis Simpson  
☒ Member Address: 936 Conti St.  
☐ Authorized #13  
Person New Orleans, LA 70112  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

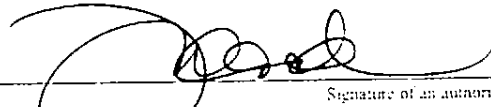
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person  
Jennifer Wood  
\_\_\_\_\_  
Typed or printed name of signer



**R. Kyle Ardoin**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana I do hereby Certify that*

the Articles of Organization of

**BESPOKE LLC**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on January 28, 2013,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 12, 2020

*Secretary of State*

Web 41064531K



Certificate ID: 11207067#3N83

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)



4

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2020

JENNIFER WOOD  
986 CONTI STREET, #13  
NEW ORLEANS, LA 70112 US

SUBJECT: BESPOKE LLC  
Ref. Number: W20000051229

We have received your document for BESPOKE LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Foreign Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang  
Regulatory Specialist II

Letter Number: 020A00010457

RECEIVED

JUL 22 2020

Received corrected application



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2020

JENNIFER WOOD  
BESPOKE LLC  
936 CONTI ST. #13  
NEW ORLEANS, LA 70112 US

SUBJECT: BESPOKE LLC  
Ref. Number: W20000087793

2020 SEP 11 PM 1:52

RECEIVED

We have received your document for BESPOKE LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang  
Regulatory Specialist II

Letter Number: 820A00015095