M23000010696

(R	equestor's Name)
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(Document Number)	
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LECTION OF STATE

M. SOLOMON AUG 17 2023

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	BERN INVESTMENTS LLC		
30,0317	- · · · · · · · · · · · · · · · · · · ·	ne of Limited Liability Company	
The encl Existenc	losed "Application by Foreign Limited Liability e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida." referenced foreign limited liability company to transact business	Certificate of ess in Florida.
Please re	eturn all correspondence concerning this matter	to the following:	
	MARIA A LEONARDO		
	-	Name of Person	
	ACCUTAX ADVISORY CORP		
		Firm/Company	
	11098 BISCAYNE BLVD SUITE 200	6	
		Address	1 8 1.57
	MIAMI FL 33161		%2: G
		City/State and Zip Code	<u> </u>
	maria@mycpaea.com		- 유행 등 크림 등
	E-mail address: (to b	e used for future annual report notification)	~.,
For furth	er information concerning this matter, please ca	dl:	
	MARIA A LEONARDO	305 332-3211 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
	Mailing Address: Registration Section	Street Address: Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee. FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI □ \$125.00 Fiting Fee ■ \$130.00 Fiting Fe Certificate 6	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, C	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Etmited Liability Compan	iy," "L.L.C," or "LLC.")
DELAWARE	hich foreign limited liability company is organized)	61-2023538 3. (FEI number, if applicable	
04/01/2022 4			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	gistration.) c penalty liability)	
5. (Street Address of Principal Office)		6. (Mailing Address)	
1390 Brickell Ave Suite 200		1390 Brickell Ave Suite 200	Fri
Miami FL 33131		Miami FL 33131	A
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	E SIAIE
Name:	MARIA A LEONARDO		٠, ٠ ٠
Office Address:	11098 BISCAYNE BLVD SUITE 206		
	MIAMI	33161 Florida	
	(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 at registered agent.

(Registered agent's signature)

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:	Title or Capacity:	Name and Address:
■Manager	Name:	■Manager	Name: Patricia Maria Harguindeguy
□Member	Address: H1098 Biscayne Blvd	□Member	Address:Blvd
□Authorized	Suite 401-24 Miami F1 33161	□Authorized	Suite 401-24 Miami Fl 33161
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	☐ Member	
☐ Authorized Person	Address.	☐ Authorized Person	Address:
Other		□Other	3.2√ 6
□Manager	Name:	□Manager	Name: 0
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□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.

x /	
	Signature of an authorized person
Patricia Maria Harguindeguy	
	Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BERN INVESTMENTS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTEENTH DAY OF JULY, A.D. 2023.

Authentication: 203737528

Date: 07-13-23

May 6, 2023

MARIA A. LEONARDO 11098 BISCAYNE BLVD. SUITE 206 MIAMI, FL 33161

SUBJECT: BERN INVESTMENTS LLC

Ref. Number: W23000066217

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Letter Number: 723A00010290

Yvette Scott Supervisor

www.sunbiz.org