(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Incorporating Services, Ltd.

incserva 1540 Glenway Drive

Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

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

REQUEST DATE 1/21/2025

PRIORITY Regular Approval

OUR REF # (Order ID#) 1

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: 120050000052

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.

Tuesday, January 21, 2025 Page 1 of 1

COVER LETTER

	ew Filing Sec ivision of Cor						
SUBJECT		FLORIDE, LLC					
OODJIK, I	•	Name o	f Limited Liab	ility Company		-	
The enclose	ed Articles of	Organization and fee	(s) are submitte	ed for filing.			
Please retu	rn all correspo	ondence concerning th	is matter to the	following:			2
	Larry J. Beh	ar`					2025 JAN 21
			Name o	of Person			— <u>[]</u>
	Bohar Law (lroup				<i>:</i> .	2
			Firm/C	Company		-	.h:6 kiy
	888 Southeast Third Avenue, Suite # 400						r 47
			Add	iress			
	Fort Laudero	iale, Florida 33316					
	larry@c2lawy	/cr.com	City/State a	und Zip Code			
_			used for future	annual report notificat	ion)	····	'
For further in	nformation co.	ncerning this matter, p	olease call:				
	DAPHNE GI		954 at (524 8588			
•		e of Person	Area Code	Daytime Telephon	e Number	-	
Enclosed is	a check for the	ne following amount:					
用\$125.00	Filing Fee	□\$130.00 Filing F Certificate of Statu	ıs Certi	55.00 Filing Fee & fied Copy mal copy is enclosed)	□\$160.00 Certifical Certified ((additional c	e of Status Copy	i &
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E 1 - Name: of the Limited Liability Company is:			
	BONJOUR FLORIDE, LLC			
	(Must contain the words "Limi	ted Liability Com	pany, "L.L.C.," or "LLC.")	
	E II - Address: ng address and street address of the princip	oal office of the Li	mited Liability Company is:	
	Principal Office Address:		Mailing Address:	
	888 Southeast Third Avenue, Suite # 400		888 Southeast Third Avenue, Suite # 400	
	Fort Lauderdale, Florida 33316		Mailing Address: 888 Southeast Third Avenue, Suite # 400 Fort Lauderdale, Florida 33316	
		,		idividual or 9: 47
	Fort Landerdale	Florida	33316	
	City	State	Zíp	
place desig further agi	on named as registered agent and to accept nated in this certificate, I hereby accept the ee to comply with the provisions of all statu with and accept the obligations of my post. R	appointment as re tes relating to the p tion as registered of	gistered agent and agree to act proper and complete performat	in this capacity. I nce of my duties, and I

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Memb	Name and Address: er
"MGR" = Manager	
AMBR	Catherine Thomas
	888 Southeast Third Avenue, Suite # 400 Fort Lauderdale, Florida 33316
·-····································	
	20
	25
	~~~~
	<u></u>
	· <b>7</b>
(Use attachment if necessary)	
(If an effective date is listed, the date of the date of filing.)	on the date of filing:
ARTICLE VI: Other provisions, if any.	
<u>REOUIRED</u> SIGNATURE:	namy E.M.
This document I am aware the	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.
Larry J	. Behar
	Typed or printed name of signee
	Filing Roos

\$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:	2025
BONJOUR FLORIDE, LLC	
2. Name, address and signature of applicant:  (Name)	
888 SE 3RD AVE. S.	11TE 400
(City, 6186). Zo Coda)	33 <u>316</u>
Coto: 12/20/24	•
Agring Orla	2025 JAN
(Signature)  [NCW 5. DGHAM	5 6
(Type or Print Name)	S S S S S S S S S S S S S S S S S S S