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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Delegan Fath Mana)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: BERP LLC	
Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Sierra C	Name of Person
BORP LLC	925
100	Firm Company
M256 AHADUIG	us Ital
	Address
- Unal t	<u>U 3205 2</u>
aeniarenau	State and Zip Code (
E-mail address: (to be used fo	r fundre annual report notification)
For further information concerning this matter, please c	all:
Sierra baktr at (_8) Name of Person Area	250) 459-3814 a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□S155.00 Filing Fee & □S160.00 Filing Fee. Certified Copy (additional copy is enclosed) □S155.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tailahassee, FL 32314	Tallahassee, FL 32303

$ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name: The name of the Limited Liability Company is:
BORD 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:
4356 Attaplay they 450 Attaplas they Quing Fr 132552
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: Steva Dakev Name 435(0 HHaalGus Hwy
Florida street address (F.O. Box NOT acceptable)
Yvincy to 57352
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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Ambl/MGL	Sierra Baker
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ective date is listed, the date mu of filing.)	st be specific and cannot be more than five business days prior to or 90 di
EV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Depo	es not meet the applicable statutory filing requirements, this date will not b
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EV: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Department's effective date on the Department of	es not meet the applicable statutory filing requirements, this date will not burtment of State's records.
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