0500050399

| (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



200054513472

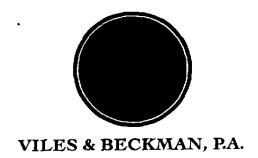
HLM

05/16/05--01059--007 **160.00

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|-----------------------|
| SUBJECT: Viles and Beckman, LLC (Name of Limite | d Liability Company) | |
| (rabbe or same | | |
| The enclosed Articles of Organization and fee(s) are s | ubmitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Marcus Viles | | |
| O | Name of Person) | |
| | | |
| Viles and Beckman, LLC | | |
| | Firm/Company) | |
| 2075 West First Street, Suite 100 | | |
| | (Address) | _ |
| | | |
| Fort Myers, Florida 33901 | | |
| (City) | /State and Zip Code) | |
| For further information concerning this matter, please | call: | |
| Carol Lowe | at (_239) 334-3933 | |
| (Name of Person) | (Area Code & Daytime Te | elephone Number) |
| | | |
| Enclosed is a check for the following amount: | | |
| □ \$125.00 Filing Fee | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | |
| STREET ADDRESS: Registration Section Division of Corporations | MAILING A Registration S Division of Co | ection orporations |
| 409 E. Gaines Street Tallahassee, Florida 32399 | P.O. Box 6327 Tallahassee, F | |

Marcus W. Viles
Board Certified Civil Trial Lawyer
Also licensed in TX
Michael L. Beckman



Mark C. Menser
Kelly K. Huang
Also licensed in NY e3 TX
Robert Geltner
Also licensed in DC e3 IL
Paul Christian Sullivan
of Counsel
Also licensed in MD, WV, PA e3 DC

May 11, 2005

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed are the forms for Articles of Organization and a check in the amount of \$160 for the filing fee and Certificate of Status and Certified Copy to be sent to Viles & Beckman, P.A. at 2075 West First Street, Ste. 100, Fort Myers, FL 33901. We can be reached at the following phone number: 239-334-3933.

Thank you for you kind consideration in the above matter.

Sincerely,

Michael L. Beckman Attorney at Law

MLB: cl Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|--|--|---|--|
| The name of the Limited Liability Company is: Viles and Beckman, LLC | | | |
| | | | |
| The mailing address and street address | of the principal office of the Lim | ited Liability Company is: | |
| Principal Office Address: | Mailing Address: | | |
| 2075 West First Street, Suite 100 | Post Office Box 2486 | | |
| Fort Myers, Florida 33901 | Fort Myers, Florida 3390 | 2 | |
| | | | |
| Marcus Viles | Name | | |
| 2075 West First Stree | et, Suite 101 i street address (P.O. Box <u>NOT</u> accepta | shla) | |
| | | .orc) | |
| | ort Myers, FL 33901 ty, State, and Zip | | |
| Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position | nated in this certificate, I hereby a s capacity. I further agree to comp nplete performance of my duties, a | ccept the appointment as ply with the provisions of al and I am familiar with and | |
| 1 / | /1/1/1/ | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1/1/1/ | 05 | |
| Register | ed Agent's Signature | 05 H | |
| Register | ed Agent's Signature | 05 HXY 15 | |

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: |
|---|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGRM | Marcus Viles |
| | 2075 West First Street, Suite 100 |
| | Fort Myers, Florida 33901 |
| MGR | Michael Beckman |
| | 2075 West First Street, Suite 100 |
| | Fort Myers, Florida 33901 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article 1 | must be added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| - | Mer . |
| Signature of a m | nember or an authorized representative of a member. |
| of this document that the facts st | rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.) |
| ///ish | el Bakm |
| | 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)