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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
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NATION

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COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	Beaumonti Group, LLC	
Sebone 1.	Name of	Limited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing.
. Please return	n all correspondence concerning this	matter to the following:
	Henry Schnierer	
-	·	Name of Person
•	Beaumonti Group LLC	
-		Firm/Company
_	3700 South Ocean Boulevard	
		Address
_	Highland Beach, Florida 33487	
h	enry@uniforce.com	City/State and Zip Code
_	E-mail address: (to be us	sed for future annual report notification)
For further inf	formation concerning this matter, ple	ease call:
I	lenry Schnierer	201 9194595
	Name of Person	Area Code Daytime Telephone Number
	a check for the following amount:	\
\$125.00 Fili	ing Feed \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lial	pility Company is:		
Beaumonti Group			
(Must e	nd with the words "Limited	Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	et address of the principal of	ffice of the Li	mited Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
3700 So. Ocean I	Blvd		3700 So. Ocean Blvd
Highland Beach,	Fl 33487		Highland Beach, Fl 33487
The Limited Liability Companother business entity with	an active Florida registration	n.)	gent. You must designate an individual or
	Linua Schinerer	Name	
	3700 So, Ocean Blvd		
	Florida street address		OT acceptable)
	Highland Beach	Fl	33487
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

"AMBR" = Authorized Member "MGR" = Manager			
"M(ik" = Manager			
	Honny Cohnisson		
AMBR	Henry Schnierer 3700 So. Ocean Blvd.		
	Highland Beach, Fl 33487	·	
	riiginand Beach, Fi 35467		
MGR	Linda Schnierer		•
	3700 So. Ocean Blvd.		
	Highland Beach, Fl 33487		
			
	al contrattion on the first selection of the selection of		
	· .		
(11			
(Use attachment if necessary)			
	he applicable statutory filing requirements, this date	e will not b	be list
If the date inserted in this block does not meet the cument's effective date on the Department of Stack VI: Other provisions, if any.		e will not b	be list
cument's effective date on the Department of Sta		e will not b	be list
CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ate's records.	e will not b	be liste
CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member.		be list
REQUIRED SIGNATURE: Signature of a member This document is executed in	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida 5	Statutes.	be list
REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida 5 rmation submitted in a document to the Department	Statutes.	be list
REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida 5	Statutes.	be liste
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