# W3000032454

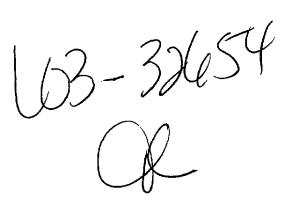
| . (Requestor's Name)                    |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



800022522628

08/25/03--01097--010 \*\*185.00



# TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |  |                        |   |
|--|--|------------------------|---|
| SUBJECT: Beam Direct LLC (Name of Limited Liability Company)   |  |                        | - |
| The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  |  |                        |   |
| Jason Schweigert (Name of Person)  |  |                        |   |
| Beam Direct LLC (Firm/Company)   |  |                        |   |
| 1706 Summerdale (Address)  |  |                        |   |
| Chgo. TL 60656 (City/State and Zip Code)   | ************************************** | F , <u>\$</u><br>√ , 1 |   |
| For further information concerning this matter, please call:  at (630) 546-4032  (Name of Person) (Area Code & Daytime Telephone Number)   |  |                        |   |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |                        |   |

## **CERTIFICATE OF CONVERSION**

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

| FIRST: The name of the unincorporated business immediately prior to filing this document was:  |
|--|
| Beam Direct  |
| SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:  A. Date: April 16, 2002  B. Jurisdiction: Thinois I Cook Count J  C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion:  |
| THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:  |
| Beam Direct LLC  |
| Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Taken Schweigert  Typed or Printed Name of Signee  |
| FILING FEES: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)  \$ 185.00 CM #5337  (Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.) |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

| The name of the Limited Liability   | Company is: Beam Direct LLC  |
|---|--|
| ARTICLE II - Address: The mailing address and street add                                | lress of the principal office of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| Doam Ovect LLC<br>7706 W. Symmerdale<br>Chgo. IL 60656<br>ARTICLE III - Registered Agen | Beam Direct LLC 770 6 W. Summerdal e Chygo. IL 6065 6  t, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street ad  | dress of the registered agent are:  Kwig+Kowski  Name  |
| <u></u>   | Shore Dr eet address (P.O. Box NOT acceptable)   |

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 608, F.S.

Registered Agent's Signature

St. Augustine FL City, State, and Zip

(CONTINUED)

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

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

|     | Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address:                     |
|-----|---|---------------------------------------|
| MGR | Jason Schweigert                                | 7706 W. Summerdale<br>Chgo, II 60656  |
| WGR | Scott Schweigert                                | 7706 W. Summerdole<br>Chgo, IL 60656  |
| MGR | Marc Sammelman                                  | 7706 W. Summerdale<br>Chyo., IL 60656 |
|     |   |                                       |
|     |   |                                       |

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an anthorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)