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(Re	equestor's Name)	
(Ac	(dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone#)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
		ا برا
		1119
	Office Use Only	John J



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ruth M. Beyersdorf LLC (Name of Lin	nited Liability Company)	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Ruth M. Beyersdorf	<u> </u>	<u> </u>
	(Name of Person)	
Ruth M. Beyersdorf LLC		E C
	(Firm/Company)	2.
11060 Caravel Cir. #305		OH NON -9 PM - SEE FLORIES
	(Address)	Tie o
Fort Myers, FL 33908		OR III
(0	City/State and Zip Code)	
For further information concerning this matter, ple	ease call:	
Ruth M. Beyersdorf	at (239) 454-7897	•
(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee	& 3155,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 63	Section Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:		
Ruth M. Beyersdorf, LLC			
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
11060 Caravel Cir #305	11060 Caravel Cir #305		
Fort Myers, FL 33908	Fort Myers, FL 33908		
The name and the Florida street address of Ruth M. Beyersdorf, ' 11060 Caravel Cir #305	Name Name		
	eet address (P.O. Box <u>NOT</u> acceptable)		
Fort Myers, FL 33908 City, S	State, and Zip		
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S		

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	Ruth M. Beyersdorf		
A CONTRACTOR OF THE CONTRACTOR	11060 Caravel Cir. #305		
	Fort Myers, FL 33908		
(Use attachment if necessary)			
NOTE: An additional article mus	t be added if an effective date is requested.	윷	
REQUIRED SIGNATURE:		6- AON 40	
Signature of a memb	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	-9 PM	
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)	3: 25	أفينة
Puth M. Reventorf			

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)