Floridat Reparement of State Diffision of Corporations Lublic Alcaes System

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To:

Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

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LIMITED LIABILITY COMPANY

Beeman Stump Removal LLC

Certificate of Status
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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY *

ARTICLE I - Name The name of the Limited Liability Company is: Bee	man Stump Removal LLC	
ARTICLE II - Address	•	
The mailing address and street address of the principal	al office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
405 Thomas Avenue	405 Thomas Avenue	
Cocoa, FL 32922	Cocos, FL 32922	
ARTICLE III - Registered Agent, Registe		nature
The name and Florida street address of the registered	-	
Frank	Beeman Name	
ADE TO		
	Omas Avenue O. Box or Mail Drop Box NOT Acceptable)	
Cocoa, FL 32922 (City / State / Zip)		
Having been named as registered agent and to act the place designated in this certificate, I hereby apacity. I further agree to comply with the provisf my duties, and I am familiar with and accept the hapter 608, F.S.	accept the appointment as registered agestions of all statutes relating to the proper a	nt and agree to act in this and complete performance
Registered As	ent's Signature - Frank Beeman	

ARTICLE IV - Manager(s) of The name and address of each Ma	or Managing Member(s): mager or Managing Member is as follows:	H050001
Title: "MGR"=Manager "MGRM"=Managing Member	Name and Address:	
MGRM	Frank Beeman- 405 Thomas Avenue, Cocoa, FL 32922	
MGRM	Patty Beeman- 405 Thomas Avenue, Cocoa, FL 32922	
		
(Use attachment if necessary)		
REQUIRED SIGNATURE:		
Signatur	e of a member or authorized representative of a member.	
document c	ance with section 608.408(3), Florida Statutes, the execution of this onstitutes an affirmation under the penalties of perjury that the fact in are true.)	ís
	Frank Beeman	
	Typed or printed name of signee	

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