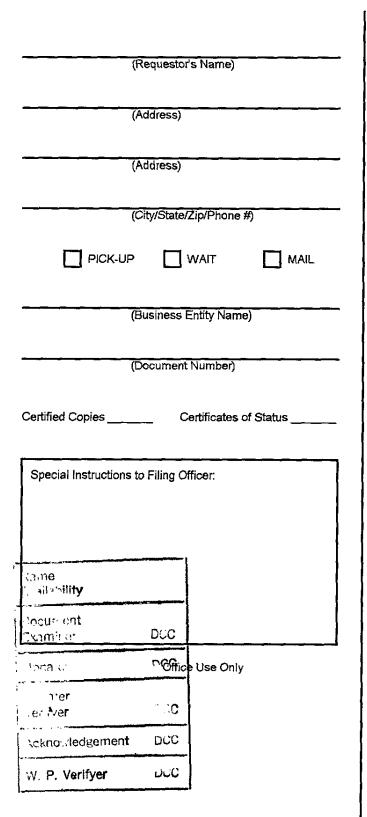
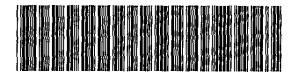
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SECRETARY OF STATE
ALLAHASSEE, FLOORD

2005 OCT -- 1 P 3: 0

## TRANSMITTAL LETTER

| Division of Cor  | rporations                                    |   |  |                    |             |
|--|---|---|--|--------------------|-------------|
| SUBJECT:   | BEAVER Li                                     | mited Liability Company   |  |                    |             |
|  | (Name of Limited                              | d Liability Company)  |  |                    |             |
| The enclosed Articles of                                     | f Organization and fee(s) are s               | ubmitted for filing.  |  |                    |             |
| Please return all corresp                                    | ondence concerning this matte                 | er to the following:  |  |                    |             |
|  |   | NEDY, SOLICITOR   |  |                    |             |
|  | ſ   | Name of Person)   |  |                    |             |
|  | HESS   KENN                                   | NEDY   MORGAN   |  |                    |             |
|  |   | Firm/Company)   |  |                    | <del></del> |
|  | 9393 WEST SAMF                                | PLE ROAD, SUITE 204   |  |                    |             |
|  | (Address)                                     |   |  |                    |             |
| CORAL SPRINGS, FLORIDA 33065  (City/State and Zip Code)      |   |   |  |                    | -           |
| For further information concerning this matter, please call: |   |   |  | 1005 OCT 7 P- 3: ( |             |
| EDWARD KENNEDY, SOLICITOR at ( 800 ) 760-0585                |   |   |  | 05                 |             |
| (Name  | of Person)                                    | (Area Code & Daytime 1  | Telephone Numbe  | r)                 |             |
| Enclosed is a check fo                                       | r the following amount:                       |   |  |                    |             |
| <b>☑</b> \$125.00 Filing Fee                                 | ☐ \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00<br>Certificate (<br>Certified C<br>(additional co | of Statu<br>Copy   | ıs &        |
| COPP E   | ET ADDRESS                                    | BALLER VALCE  | PAREEC   |                    |             |

#### STREET ADDRESS:

TO:

Registration Section

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 27, 2005

EDWARD KENNEDY, SOLICITOR 9393 WEST SAMPLE ROAD, SUITE 204 CORAL SPRINGS, FL 33065

SUBJECT: BEAVER LIMITED LIABILITY COMPANY

Ref. Number: W05000044601

We have received your document for BEAVER LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 505A00058903

Diane Cushing Document Specialist

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |   |  |  |  |
|---|---|--|--|--|
| BEAVER LIMITED LIABIL   | ITY COMPANY   |  |  |  |
| ARTICLE II - Address: The mailing address and street address of the pri   | incipal office of the Limited Liability Company is  |  |  |  |
| Principal Office Address:   | Mailing Address:  |  |  |  |
| EDWARD KENNEDY, SOLICITOR<br>9393 WEST SAMPLE ROAD, SUITE 204<br>CORAL SPRINGS, FL 33065  | EDWARD KENNEDY, SOLICITOR<br>9393 WEST SAMPLE ROAD, SUITE 204<br>CORAL SPRINGS, FL 33065  |  |  |  |
| The name and the Florida street address of the re  Michael M  Name  | egistered agent are:  |  |  |  |
| 9393 West Sam   | nple Road   |  |  |  |
| Florida street address (P.O. Box NOT acceptable)  |   |  |  |  |
| CORAL SPRINGS City, State, ar   | FL 33065 SHi O  |  |  |  |
| liability company at the place designated in the<br>registered agent and agree to act in this capacity,<br>statutes relating to the proper and complete per | ccept service of process for the above stated limited<br>is certificate, I hereby accept the appointment as<br>I further agree to comply with the provisions of al<br>formance of my duties, and I am familiar with and<br>tered agent as provided for in Chapter 608, F.S. |  |  |  |

Registered Agent's Signature

(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" = Manage "MGRM" = Mana |                             | Name and Address:   |        |  |  |
|--|-----------------------------|---|--------|--|--|
| MGRM                                       |                             | KURT EGGERS   |        |  |  |
|  |                             | 9393 WEST SAMPLE RD, SUITE :  | 204    |  |  |
|  |                             | CORAL SPRINGS, FL 33065   |        |  |  |
|  | _                           |   |        |  |  |
|  | _                           |   |        |  |  |
| (Use attachment i                          | f necessary)                | 7ALLAH  | 2005 0 |  |  |
|  |                             | added if an effective date is requeste  | ed:    |  |  |
| REQUIRED SIG                               | Mark                        | DM (  | P 3 05 |  |  |
|  | (In accordance with section | 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury |        |  |  |
|  | EDWARD KEN                  | NEDY, ATTORNEY DESIGNEE   |        |  |  |
| 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)