· 10600000 7533

(Reque	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/St	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Rusine	ss Entity Nam	<u>a)</u>
(Dusine	ss Littly (vaite	
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	
		" , M
		*

Office Use Only

SECRETARY OF STATE TALLAHASSEE. FLORIDA



800063845668

01/23/06--01004--015 **130.00

COVER LETTER

FILED

Registration Section TO:

Division of Corporations

06 JAN 23 AM 10: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Beam		
(Name of Person)		-T. 1
Bill Beam		
(Firm/Company)		
33 Hi Lo Way		
(Address)	- - -	
Crawfordville, FL 32327		
(City/State and Zip Code)	-	: "

For further information concerning this matter, please call:

(Name of Person)

Enclosed is a check for the following amount:

S125.00 Filing Fee

\$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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

06 JAN 23 AM 10: 41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED JUANILITY COMPANY TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Utilice Address:	Mailing Address:
Crawfordulle, FL 32327	33 Hi Lo Way Crawforduille FL 32327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Nancy R. Beam
Name
33 Hi ho Way
Florida street address (P.O. Box NOT acceptable)
Crawfordville FL 32327
City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ing Member(s): or Managing Member is as fol Name and Address:	ISECRETARY OF STATE TALLAHASSEE, FLORIDA
Bill Beam 33 Hi ho Wag crawford wille,	FL 32327
Trang R. Bear 233/ Hi Lo Wag Scace Fordudle	FL 32327
Melissa Ledone 1 33 Hi Lo Way Crawfordville F.	1 32327
Clinton R. Bea 33 Hi to way Crawford ville	EL 32327
te of filing: pecific and cannot be more tha	(OPTIONAL) an five business days prior
	· ·
an authorized representative of a	member.
	Name and Address: Bill Beam 33 Hi ho Wag Crawford wille 1 Though R. Beas 33 Hi ho Wag Scace ford wille Melissa Ledane 33 Hi ho Wag Crawford wille Clinton R. Bea 33 Hi ho wag Crawford wille Crawford wille Grawford wille The continue of the cont

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)

(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.)

Beam
Typed or printed name of signee