# 108000069037

Office Use Only



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SECRETARY OF STATE

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Beatty Global Services, L.L.C. (Name of Limited Liability Company)
(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:
Mark R. Beatty (Name of Person)
(Name of Person)
Beatty Global Services, L.L.C.
435 Capistrano Drive Suite P
Pala Beach Gardens FL 334/0 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark Beaty at (404) 840-6948 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{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

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Beatly Global Services LLC

(Most end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

**Principal Office Address:** 

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

**Mailing Address:** 

Palm Beach Gardens, FL same as princip	c		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual			
business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	TAL SE	80	care y
John Carlino Name	DRETAR	JUL 17	
Florida street address (P.O. Box NOT acceptable)	Y OF ST	AH 10: 42	
Pelm Beach Godens FL 33410 City, State, and Zip	RIDA	<b>42</b>	

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)

## 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" = Mana	Name and Address:
"MGRM" = Mai	
President	Mark Beatly 435 Capistina Drive
	Polm Beach Gardons, FL 33410
Secretary	John Carlino
/	Polm Rouh Gorday FL 33410
	<del></del>
	date, if other than the date of filing: 15, 2008 (OPTIONAL) sted, the date must be specific and cannot be more than five business days prior
<u>REQUIRED</u> SI	GNATURE:
<u>Nayomaa</u> o	Mak Beth Es & Th
	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.)  Mc/K R. Beath
	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)