L08000085460

• 1
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , ,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500135398415

09/08/08--01034--016 **160.00

OB SEP -8 AN ID 3
SECRETARY OF STATE

T. HAMPTON

SEP - 9 2008

EXAMINER

COVER LETTER

	ion Section of Corporations		
SUBJECT: Thr	ee Beard Technolog	ies, LLC	·
·		ted Liability Comp	pany)
The enclosed Artic	les of Organization and fee(s) are	submitted for filing	ng.
	rrespondence concerning this ma		
	· · · · · · · · · · · · · · · · · · ·		•
<u> berijari</u>	nin Collins	(Name of Person)	·
Three	Beard Technologies,	LLC	
111100	Doura Toomiologico,	(Firm/Company)	
РО ВО	X 1880		
	2	(Address)	
Winter	Park, FL 32790		
	(C	ity/State and Zip Cod	de)
For further informa	ation concerning this matter, plea	se call:	
Benjamin C	ollins	at (407	312-1200
(Name of Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a che	ck for the following amount:		
\$125.00 Filing F	Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified Co	•
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporations Building xecutive Center Circle ssee, FL 32301

ARTICLES OF ORGANIZATION F	OR FLORIDA LIVITED LIABILITY CONTAIN
ARTICLE I - Name: The name of the Limited Liability Com	pany is:
Three Beard Technologies, L	LC
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1324 Utah Ave	PO BOX 1880
Orlando, FL 32803	Winter Park, FL 32790
	Name.

1854 Portcastle Circle

Florida street address (P.O. Box NOT acceptable)

Winter Garden, FL 34787

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

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

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

# N A C D # N A	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Hampton Paulk
	1324 Utah Ave
	Orlando, FL 32803
MGRM	Gilbert Gomez
	14115 Econ Woods Lane
	Orlando, FL 32826
MGRM	Benjamin Collins
	1854 Portcastle Circle
	Winter Garden, FL 34787
Use attachment if necessary)	
(Use attachment if necessary)	
LE V: Effective date, if other that	
LE V: Effective date, if other the fective date is listed, the date m	
LE V: Effective date, if other the fective date is listed, the date m	
LE V: Effective date, if other the fective date is listed, the date m	
LE V: Effective date, if other that fective date is listed, the date may days after the date of filing.)	
LE V: Effective date, if other that fective date is listed, the date medays after the date of filing.)	an the date of filing: (OPTION nust be specific and cannot be more than five business da
LE V: Effective date, if other that fective date is listed, the date may days after the date of filing.)	
LE V: Effective date, if other the fective date is listed, the date m days after the date of filing.)	
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE:	
fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a recommendation of the second control of the second	nust be specific and cannot be more than five business danger of an authorized representative of a member.
LE V: Effective date, if other that fective date is listed, the date m days after the date of filing.) REOUIRED SIGNATURE: Signature of a recordance won of this documen	nust be specific and cannot be more than five business d

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)

8 SEP -8 AN 10: 33

Typed or printed name of signee