L09000071528

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09 JUL 29 PM 3: 45
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Beacham Group LC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
E. Walton Beacham Name of Person
E. Walton Beacham Name of Person The Beacham Group LLC Firm/Company
POBOX 1810
No Komis F2 34274 City/State and Zip Code
deb@debovahbeacham.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
E Walton Beacham at 941 376. 2687 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Cleft Executive Center Circle Fallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$100 Filing Fee \$\ \$105 Filing Fee & Certificate of Status \$\ \text{Certified Copy} \ \ \text{Certified Copy} \ \text{Certified Copy} \ \text{Certified Copy}



July 30, 2009

E. WALTON BEACHAM PO BOX 1810 NOKOMIS, FL 34274

SUBJECT: THE BEACHAM GROUP LLC

Ref. Number: L01000014150

We have received your document for THE BEACHAM GROUP LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on and our office received the Articles of Revocation of Dissolution on . Therefore, the enclosed document cannot be filed and is being returned to you.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

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Letter Number: 509A00026170

COVER LETTER

	tion Section of Corporations
SUBJECT:	The Beacham Group LLC Name of Limited Liability Company
The enclosed Art	cles of Organization and fee(s) are submitted for filing.
Please return all o	orrespondence concerning this matter to the following:
	E. Walton Beachun Name of Person
	The Beacham Group LLC Firm/Company
	Firm/Company
	P.o. Box 1810 Address
	NoKomis, FZ 34274 City/State and Zin Code
	NoKomis, F2 34274 City/State and Zip Code deb@deborahbeacham. com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
E. Wal	Fon Beacham at (941) 480, 1891 Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$125.00 Filing	Fee \$\int \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compa	ny is:		
The Beacham (From LLC		
(Must end with the words "Limite	d Liability Company," "L.L	C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street address of	the principal office of	of the Limited Liability	Company is:
Principal Office Address:	Mailing Add	<u>lress:</u>	
1220 Casey Key Rd, NoKomis	f234275	P.O. DIX1810	ı
		P.O. DIXIBLO NOKEMIS A	3427/
			_
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)			
The name and the Florida street address o	f the registered agent	are:	TA:
E. Walto	n Beacham	į	09 JÚL 29 SECRETARY
	Name	90	
1220 Casey	Key Rh		200 S
	s (P.O. Box <u>NOT</u> accept	able)	S R M
Nokomis	FL 34-2 State, and Zip	75 £	PH 3: 45
City, S	State, and Zip		m G
Having heen named as registered agent a	nd to accept service o	of process for the above:	stated limited

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

"MGRM" = Managing Member MGRM ————————————————————————————————	F. Walton Beacham P.O. Box 1810 NOKOMIS, FL 34274
MORM	P.O. Box 1810
	P.O. Box 1810
	NOKOMIS, FL 34274
i - r	
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	date of filing: 08/01/2009. (OPTIONAL)
:	a specific and cannot be more than five husiness days n
effective date is listed, the date must be	e specific and cannot be more than five business days p
	e specific and cannot be more than five business days p
90 days after the date of filing.)	e specific and cannot be more than five business days p
	e specific and cannot be more than five business days p
90 days after the date of filing.) <u>REQUIRED</u> SIGNATURE: 5. Walkin R	Saclan
90 days after the date of filing.) REQUIRED SIGNATURE: 5. When Both Signature of a member	You am er or an authorized representative of a member.
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with secondance)	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitution that the facts stated here.	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)