

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

beezer llc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

D. BRUCE
JAN 06 2011
EXAMINER

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BEEZER CAPITAL LLC

ARTICLE II - Address:

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

Principal Office Address:

4120 Steamboat Bend East, Suite 306
Ft. Meyers, FL 33919

Mailing Address:

4120 Steamboat Bend East, Suite 306
Ft. Meyers, FL 33919

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Brian Kulbacki

Name

4120 Steamboat Bend East, Suite 306

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

Ft. Meyers, FL 33919

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..

X


Registered Agent's Signature

(CONTINUED)

FILED
11 JAN -5 AM 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David Kulbacki

2 Wendling Court

Lancaster, NY 14086

MGRM

Brian Kulbacki

2 Wendling Court

Lancaster, NY 14086

MGRM

Timothy Kulbacki

2 Wendling Court

Lancaster, NY 14086

MGRM

Cedric Jordan

2 Wendling Court

Lancaster, NY 14086

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Kulbacki

David A Kulbacki

Typed or printed name of signer

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

MGRM

**Jason Stroeblein,
2 Wendling Court
Lancaster, NY 14086**

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LANCASTER, FLORIDA